

Mr Barry Potton

Thornton Manor Homecare

Inspection report

Thornton Manor Bungalow
Thornton Green Lane, Thornton Le Moors
Chester
Cheshire
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Tel: 01244301762

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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 January 2017 and was unannounced.

Thornton Manor Homecare is registered as a domiciliary care service to provide personal care for people in their own homes. The service provides care and support for two people.

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.

At the last inspection on 5 January 2016 we found that a number of improvements were required. People were not always protected from the risk of unsafe care and treatment, consent to care and treatment was not always sought and the registered provider's quality assurance systems were not effective. We asked the registered provider to take action to address these areas.

After the inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breaches identified. They informed us they would meet all the relevant legal requirements by May 2016. This inspection found that improvements had been made.

Staff were trained in the Mental Capacity Act 2005 (MCA) and showed an improved understanding of the importance of seeking consent from people in their day to day support. The registered manager informed us following our last inspection that relevant applications under the Deprivation of Liberty Safeguards (DoLS) had been completed as required. The registered provider had a policy and procedure on the MCA and DoLS and this was accessible to staff. However, there was limited evidence regarding 'decision specific' mental capacity assessments and best interests meetings.

People were protected from abuse. Family members told us that their relatives were kept safe from harm. The service had processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the registered provider's whistleblowing policy. Staff were confident that they could raise any matters of concern with the registered provider or the registered manager and that they would be addressed appropriately.

People received their medication as prescribed and staff had completed competency training in the administration and management of medication. Medication administration records (MARs) had been signed by staff which showed that people's medicines had been given as prescribed.

The service had robust recruitment practices in place. Applicants for posts were assessed as suitable for their job roles. All staff received training to enable them to fulfil their roles which included essential subjects such as safeguarding people and medication training. Staff were supported through regular supervisions

and team meetings.

Staff worked well with external health and social care professionals to make sure people received the care and support they needed. People were supported with their dietary needs. Where specialist input was required, the registered provider consulted with speech and language therapists to help ensure that people were being supported to safely follow their dietary requirements. People were referred onto the appropriate services when concerns about their health or wellbeing were noted.

Observations showed that people were treated with kindness and respect. Staff were mindful of their privacy and dignity and encouraged them to maintain their independence. Family members told us that they had no concerns about the care that people have been given.

Staff understood how to meet the needs of those individuals they supported. The service ensured consistency in care as a dedicated team of staff supported the same people. This enabled people and their family members to build good working relationships and develop confidence in the support provided.

Support plans were detailed and informative. They provided staff with sufficient guidance to ensure people's specific care needs were met. Risks had been appropriately assessed and staff were provided with guidance on how to protect people and themselves from each identified risk. Support plans were regularly reviewed to ensure information about people was up to date and accurate.

The registered provider's complaints procedure was robust and accessible to people and their relevant others. Family members told us that they had never had reason to raise a complaint but were confident their concerns would be acted upon.

Quality assurance audits were undertaken by the registered provider to ensure that the service provided was effective and meeting people's needs. Accidents and incidents were reviewed to ensure that any risks to people were minimised and we were notified as required about incidents and events which had occurred at 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.

Staff were confident as to how they would respond to concerns about people's safety. Medicines were safely managed.

Risks to people were appropriately assessed and recorded in support plans.

Staff had been safely recruited and there were sufficient, suitable, skilled and qualified staff to meet people's assessed needs.

Is the service effective?

Good ●

The service was effective.

Staff understood the importance of seeking consent from people prior to support being delivered. There was limited recorded evidence regarding 'decision specific' mental capacity assessments and best interest meetings.

People were supported to access relevant health professionals to meet their health needs.

Staff were appropriately trained and supervised to provide care and support to people.

Is the service caring?

Good ●

The service was caring.

Staff were caring, patient and responsive to people's support needs.

Positive relationships had developed between staff, people supported and their family members.

People were treated with dignity and respect. Staff had a good understanding of people's preferred methods of communication.

Is the service responsive?

Good 

The service was responsive

People's support plans contained a range of information. Plans had been reviewed to ensure they were up to date.

Staff understood people's preferences and support needs.

A complaints procedure was in place and enabled people to raise any concerns they had about the service.

People were supported with hobbies and interests as outlined in their plan of support.

Is the service well-led?

Good 

The service was well led

Effective quality assurance systems were in place to review and monitor the care and support people received.

Staff and managers worked well together. The service promoted a positive and enabling culture for people supported and staff.

The registered provider embraced learning and reflection opportunities. Improvement had been made following our previous inspection.

Thornton Manor Homecare

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.

We visited the service on 4 January 2017. Our inspection was unannounced and the inspection team consisted of one adult social care inspector.

We spent time with people who used the service and spoke with their family members. We also spoke with two members of staff, the deputy manager and the registered manager. We looked at the care records relating to two people who used the service, which included, support plans, daily records and medication administration records. We observed interactions between people who received support and staff.

We also reviewed other information we held about the service including notifications of incidents that the registered provider sent us since the last inspection, including complaints and safeguarding information.

We contacted local commissioners of the service and the local authority safeguarding team. No concerns were raised about the service.

Is the service safe?

Our findings

People were protected from the risk of abuse. Family members told us, "This is the safest and best place for [my relative]. I can sleep at night knowing the staff look after them well and keep them as safe as possible".

At our previous inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014 as up to date assessments were not in place to identify and assess the risks to the health and safety of people who used the service. We issued the registered provider with a requirement notice. On this inspection, we found that the registered provider had made the required improvements.

Staff were confident in describing what could be seen as poor practice and/or constitute abuse. Information about safeguarding people, including safeguarding policies and procedures set out by the registered provider and the relevant local authority were easily accessible. Staff told us how they would recognise changes in people's behaviours or body language and would raise this immediately to their line manager. Both the staff and deputy manager confidently described how they would raise safeguarding concerns with the relevant agencies in a timely way to ensure people were safe and free from harm. Records showed that staff had completed training in safeguarding adults from abuse.

The registered provider had a recruitment and selection policy and procedure. We viewed recruitment records for three members of staff and found that the process for recruiting staff was thorough and safe. All applicants had completed an application form which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to check whether people have a criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults or children. This assisted the registered provider to make safer decisions about the recruitment of staff.

Family members told us, "There is always staff available at all times of the day. This is really important due to [my relatives] health conditions. He needs someone around all the time to make sure he is safe". Staffing rotas showed that each day and night there were sufficient numbers of staff available to keep people safe. People were provided with a range of support hours per day or per week in line with their assessed needs. Rotas were developed to ensure that everyone's needs were appropriately met.

Risk assessments had been completed and clearly outlined any risks to people living at the service and staff supporting them. This included assessments about falls, choking, mobility, day to day activities, getting out and about in the community and any health related conditions that people had. Support plans and risk assessments provided information about how best to support people whilst minimising any risk of harm. For example, where people were identified as a high risk of falls, guidance was in place for staff to follow to ensure that the risk of falls/harm was minimised. Comments such as, 'Ensure hallways and floor space is clutter free' and 'Two staff to assist [name] when walking' were recorded in assessments. This ensured that people received care and support that was safe.

Accidents and incidents were appropriately recorded. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns. This ensured any changes to practice by staff or changes which had to be made to people's support plans was passed on to staff. Staff were informed through meetings with the deputy manager when actions needed to be revised.

Staff received training in the management of medication in line with the registered providers policy and procedures. Training records showed that staff had been provided with medication training and competency assessments had been completed. Observations and discussions with staff showed they were suitably skilled to administer people's medication. Medication administration records (MAR) were maintained appropriately and they detailed the medicines that people were prescribed and instructions for use. People's medical history and any known allergies were recorded in their support plans. This showed that the registered provider had ensured safe handling of medication was in place.

The registered provider confirmed that the landlord completed regular checks to ensure that the premises were safe, these included checks on the fire, electricity and gas systems. There was evidence that fire drills and evacuations were carried out and appropriate emergency measures were in place to ensure the safety of people in the event of a fire.

Is the service effective?

Our findings

Family members felt reassured that staff were knowledgeable in their roles and had a good understanding of the needs of their relatives. They told us, "[My relative] has some very complex health conditions. The staff are aware of how best to support them and what signs to look out for if they are not very well" and, "The staff support [my relative] to access health professionals for regular reviews. This is really important, they need to keep an eye on their health and make sure they are receiving the right medication and support. I cannot fault them at all".

At our previous inspection we identified breaches of Regulation 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured that care and treatment was provided with the consent of the relevant person and had failed to make applications to the court of protection. We told the registered provider to take action to address these areas of concern. On this inspection, we found that the registered provider had made some improvements.

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 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.

Not all of the people who used the service were able to make complex decisions for themselves, such as how to keep themselves safe. However, there was limited evidence that any 'decision specific' mental capacity assessments had been undertaken in regards to maintaining people's safety. Records did not evidence where relevant others had been consulted as part of a best interests approach to decision making. This meant that where people were not able to make complex decisions for themselves, records failed to evidence how decisions had been made in their best interests. The registered provider had identified through support plan reviews that improvements were required in relation to recording and evidencing decision making in line with the MCA. Records had begun to be reviewed. Minutes of a team meeting held on the 15 November 2016 recorded discussions that had been held in relation to improvements required for MCA.

Observations, support plans and rotas identified that people continued to be subject to a high level of supervision and control. The deputy manager confirmed that following our previous inspection the relevant applications required under DoLS had been submitted. This ensured that people were not unlawfully restricted. Records confirmed that applications had not yet been processed by the court of protection. DoLS applications had been completed appropriately by the registered manager.

Staff had an improved understanding of the key principles of the MCA. Policies and procedures were in place

to offer guidance to staff in relation to the Mental Capacity Act 2005. Training had been completed in 2016 and staff were able to describe the importance of seeking consent prior to providing care and support. Where people were not able to verbally consent, staff described how they would understand implied consent through actions or behaviours displayed by a person. They told us that people supported were able to clearly identify what they wanted and did not want and how staff were respectful of their choices. This showed that staff understood consent.

People accessed a range of health care services which included doctors, dentists, podiatrist, opticians and the speech and language therapist (SALT). Records were updated with any actions that health professionals had suggested or taken. An example of this was where SALT had recommended a soft and moist diet to be introduced for a person having difficulties with swallowing. Eating and drinking support plans had been amended and outlined the specific actions for staff to follow. In addition assessments regarding the increased risk of choking had been completed. This showed that staff recognised when to involve the right professionals for advice and support and the importance of accurate records being maintained.

Staff received regular supervision with the management team. Supervisions and team meetings included support and discussions on the challenges of the day-to-day work and reflections on strengths and areas of personal development. Records of meetings were held in each staff member's personal files. Training completed by staff included, safeguarding, understanding autism, MCA and DoLS and safe management of medication. Following our inspection we were provided with a plan of training for January and February 2017. Training scheduled included refresher training on non-violent crisis intervention, moving and handling and first aid. Staff received training suited to their individual roles and responsibilities.

Is the service caring?

Our findings

Family members told us that the staff were caring. Comments included, "[My relative] is treated like a family member by the staff. The staff are always looking out for them and making sure they are treated well" and "I cannot fault the staff. They are always welcoming and take their time to make sure [my relative] has everything they need. They are sometimes quite difficult to understand, but they know exactly how best to help them".

Staff demonstrated a good understanding of the needs and wishes of the people they supported. Observations showed that people were comfortable with staff and displayed relaxed body language and positive facial expressions. Staff confidently described people's individual communication styles and explained that the use of gestures, body language and key noises and phrases were important to understand. However, support plans provided basic information regarding people's preferred communication styles. We raised this with the deputy manager who following our visit provided us with an updated communication chart for each person supported.

Family members told us, "The good thing about [my relative] living here is the consistency of staffing. Having the same staff to help them has enabled them to build a good relationship". Staff were able to describe people's preferences in relation to their routines, likes and dislikes and activities they wished to engage in or be supported with. An example of this was where one person had to start their morning by having Weetabix. Staff and support plans confirmed that the person would not engage in any other activities until this part of their daily routine had occurred. This showed that staff had a good knowledge and understanding of what was important to people.

Independence was promoted by staff at all times and clear examples of encouraging people to be independent were described to the inspectors. Staff told us that even though people used more complex communication methods, they could make their choices clearly known. An example written in support plans identified how one person would stamp their feet as a sign that they wanted to go out in the car. Family members confirmed that staff encouraged their relatives to do things for themselves as much as possible.

One family member told us, "[My relative] responds really well to the staff as they are respectful and patient, which you need to be at times. They have some good times together". Staff told us that they always treated people with dignity and respected their privacy. Staff were confident in describing how they would promote and maintain people's dignity. Staff shared examples such as ensuring that people's privacy was respected during personal care and that people were given the opportunity to spend time by themselves. This showed that staff gave thought and consideration when supporting people to meet their needs.

Some people were supported to access local advocacy services to support them to have a voice. The registered and deputy manager had a good knowledge of how to access local advocacy services. Staff were able to describe scenarios where they may call upon the services of the advocate and contact details were made available in support plans. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People and their family members had been provided with information about the service and standards they should expect from the registered provider. Information included details of the registered manager, the registered provider and other key pieces of information such as how to make a complaint, confidentiality and maintaining people's safety and security. Observations and discussions showed that people's confidentiality was maintained. Records that contained personal details were stored securely.

Is the service responsive?

Our findings

People received personalised care from staff. Family members told us, "They [staff] regularly let me know if there are any changes in [my relative's] needs. If there is a change that's needed, they make it". Support plans showed that individual needs were being met and preferences or changes in care needs were openly discussed with people and/or their relevant others. Staff knew how to support people and plans contained sufficient information to enable them to support people successfully.

On the previous inspection, we had concerns as accurate and contemporaneous records were not held in respect of people supported. This placed people at risk of receiving unsafe care or treatment. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made to support plans.

The deputy manager and staff confirmed that a full review of support plans had been recently undertaken to ensure all areas of risk management and support needs were covered. Our inspection and the registered providers audit system had identified that support plans required further personalisation. For example, some support plans were task orientated in their approach. Staff confirmed that this was work in progress and the registered provider was in the process of sourcing alternative styles of support planning to develop the person centred aspect of the plans.

Staff were responsive to meeting people's individual communication needs. Where people could not communicate their needs verbally, staff understood person specific cues around their body language, gestures and level of engagement. Additional communication aids such as picture boards had been introduced and were in the process of being trialled. However, we noted that information relating to communication in support plans required further development to help staff less familiar with people respond proactively to nonverbal cues and understand their requests and acknowledgments. Following our inspection we were sent examples of updated communication plans which focused on what a person said or did, what it meant and how staff should react. This showed that support plans were being adapted and personalised for people supported.

Important information relating to people's medical conditions were identified in support plans. Background information about those conditions was available for staff to review. This helped to give staff a deeper knowledge about how to effectively identify and respond to changes in people's health and well being.

Records demonstrated that support plans were reviewed regularly. Reviews included the person and/or their relevant others (where appropriate), the deputy manager, healthcare professionals involved in the person's support and support staff. The deputy manager explained in the event of a person's needs changing prior to any reviews the support plan documents could be updated at any time to meet the needs of individuals. Family members confirmed that where appropriate they were consulted or involved in the planning and review of people's care and support. They told us "We are always informed about decisions or changes in [my relatives] care needs. [My relative] finds it difficult to understand what is happening, so we ensure that we are involved as much as possible".

Family members told us, "I regularly see [my relative]". People were encouraged and supported to develop and maintain relationships which mattered to them. Important people within a person's circle of support were identified in their support plans. People's relationships, preferred method and frequency of contact was also documented. This helped people maintain contact and stay connected with those closest to them.

People were supported to follow their interests and take part in social activities. Each person followed an agreed set of activities as part of their support plan. Examples of activities that took place included, people attending day services, going out for lunch or walks, reading magazine or books and a range of individual hobbies, which suited their preferences. Activities were regularly reviewed and staff supported people to try new things when they wanted a change.

Family members told us that if they had any concerns or complaints, they would speak with the staff or managers. One person told us, "If I had any problems I would be confident to call the manager and I am confident they would respond quickly to try and resolve my concerns". The registered provider had a complaints policy in place. There had been no complaints raised about the service since our last inspection. However, the registered manager confirmed that a record of any complaints received would be held by the registered provider and would demonstrate any actions taken to investigate concerns raised.

Is the service well-led?

Our findings

The service had a manager who was registered with CQC since 2011. Family members confirmed that they knew who the manager was and that she was approachable.

At our last inspection we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider did not have effective systems in place to measure and improve the quality of the service. We found that the required improvements had been made.

The registered provider had introduced a number of quality assurance processes to help them monitor the quality of care which was being provided. The registered and deputy managers told us that there had been a number of changes and that these were a positive step for the service. For example, audits covering a wide range of areas were completed on a monthly basis. Information around training, supervision and appraisals, support plan reviews and accidents and incidents were some of the topics reviewed in the monthly audit process. In addition regular team meetings and briefings had been introduced. This gave staff an opportunity to discuss areas of good practice or concerns and to share updated information following audits that had been completed.

The deputy manager showed us a range of checks and audits that had been completed, including a medication and support plan audit. Areas of development we had found during our inspection had already been identified in the manager's audits as requiring improvement. Action plans had been introduced which clearly identified how they would be put right. It was clear that the systems which were now in place for the monitoring and assessment of the service were used to help drive improvements in the way the service was run.

We viewed accident and incident reports and these were recorded appropriately and reported through the registered provider's quality assurance system. Each accident or incident that occurred was reviewed by the management team and a post incident analysis was completed. This enabled the service to identify what changes were needed to minimise the risk of an incident occurring again. This meant the registered provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective.

There was a positive and open culture at the service. Staff told us that they found the management team to be approachable and willing to help if they had any problems or concerns. They said that both the registered manager and deputy manager were easily accessible if there were ever any problems or concerns. They also told us that they were involved in reviewing care and often visited the service to make sure that people were happy and well cared for.

The welfare of the people they cared for was of great importance for staff members. They confirmed that they understood about whistleblowing and who they would need to speak to if they were concerned about people.

We examined the registered provider's policies and procedures relating to the running of the home. We found all were reviewed and maintained to ensure that staff had access to up to date information and guidance to support their role.

The registered manager had a good awareness of her responsibility in line with the Health and Social care Act 2008. Registered providers are required to inform the Care Quality Commission (CQC) of important events that happened within the service. The registered manager was aware that CQC are required to be informed of specific events by law to ensure people are kept safe and well. There had been no significant incidents that had occurred at the service since our last inspection.