

Mrs S Poordil and Mr M Poordil

# Thornfield Care Home - Lymington

## 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

Thornfield Care Home is a care home, providing personal care to older people 65 and over, some of whom are living with dementia and mental health needs. The service can support up to 17 people. The home is owned by Mr M and Mrs S Poordil who are referred to throughout as the provider. Mrs S Poordil is also the registered manager for the service.

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

People and relatives told us they were very happy with the care and support they received. Staff were caring, thoughtful and respected their privacy and dignity. We observed this was the case during the inspection. People said their wishes were respected and they felt involved in decisions about their care. People were encouraged to be as independent as possible. The home was friendly and welcoming. Family and friends felt welcomed by staff who knew them well and involved them in daily life at the home.

People and relatives told us they felt safe at Thornfield Care Home and were very happy with the care people received. Staff understood their responsibilities in safeguarding people and the provider shared any concerns appropriately with the local authority and CQC. The provider carried out recruitment checks which ensured only suitable staff were employed, although most staff had been in post for many years. There were enough staff on duty to meet people's needs and keep them safe. Risks to people's health and wellbeing had been identified and measures were in place to reduce any risks. Accidents and incidents were investigated by the registered manager and learning shared to reduce risks of reoccurrence. Staff received training in administering medicines which were safely managed.

Staff obtained consent from people for day to day decisions about their care. People without capacity to make decisions were supported in line with the Mental Capacity Act 2005 to ensure their rights were protected. People were supported to maintain optimum health and wellbeing and had access to routine and preventative healthcare services when needed. People had a choice of nutritious, homecooked foods and were offered assistance to eat their meals if required.

Staff knew people very well including their likes, dislikes, preferences and wishes and were responsive to their care and support needs. People enjoyed a variety of activities which helped them maintain their health and interests. People and relatives knew who to speak to if they needed to raise a complaint and felt confident they would be listened to.

The management team had implemented an electronic system for care planning and monitoring the delivery of the service. They had developed a range of quality monitoring systems, such as surveys and audits, and feedback was used to help drive improvement. Where we identified issues during the inspection, these were raised with the registered manager and provider and action taken to address these. People, relatives and staff spoke very highly of the registered manager and provider and the positive impact they

had. Staff told us the registered manager and provider were approachable and always available for support and guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was 'Good' (Published 1 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Thornfield Care Home - Lymington

## **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.

### Inspection team

This inspection was carried out by an inspector on 29 January 2020.

### Service and service type

Thornfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

### 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. This included notifications of events which providers are required to send us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and four relatives who were visiting about their experience of the care provided. We spoke with two members of care staff and both providers, one of whom was also the registered manager. We observed staff care practices and their interactions with people and relatives.

We reviewed four people's care records and pathway tracked two people's care. This is where we checked to ensure they have received all the care they required. We looked at other care records including nine people's medicines records and a variety of records relating to the management of the service including; staff recruitment, training, accidents and incidents and quality assurance.

#### After the inspection

The provider sent us further information which we had requested. We received feedback from two health and social care professionals.

# 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 remains as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust policies and procedures in place to safeguard people from abuse.
- Staff received training in how to safeguard people and understood their responsibilities in how to identify abuse and who to report any concerns to, including external agencies such as the local authority and the Commission. A care professional told us, "I have no concerns."
- There had not been any recent safeguarding concerns, however, the registered manager understood their role in safeguarding people and reporting concerns appropriately.

Assessing risk, safety monitoring and management

- People and relatives told us they felt safe and had no concerns. One person told us, "Yes, I feel safe. It's not something I ever think about." Another person told us they felt safe and relatives said they had never seen anything that had concerned them.
- Individual risks to people had been identified, for example where they were at risk of choking or falls. Detailed guidance was in place for staff who understood the risks and ensured risks were minimised.
- Health and safety within the home was well managed. A new fire alarm system had been installed and a fire risk assessment had been completed and actions taken to mitigate any risks. Fire safety equipment was checked and serviced regularly to ensure it was in good working order, for example, fire-fighting equipment, emergency lighting, fire doors and fire alarm panel.
- Actions from the most recent legionella risk assessment had been completed. They had made significant changes to, and upgraded the water and heating system. Regular water samples showed the water was clear from bacteria. The provider had carried out an internal review of the risk assessment in October 2019. However, we recommended the provider commissions a formal risk assessment review due to significant changes to the structure of the water system.

Using medicines safely

- Medicines were managed and administered safely. People received their medicines as prescribed, from staff who were trained and competent to do so. Staff asked people for their consent before giving them their medicines and ensured people took the time they needed to take their medicines without being rushed.
- The registered manager ensured people were able to take their medicines effectively. For example, one person developed difficulty in swallowing their tablets so the registered manager requested a liquid form from their doctor. This was provided which enabled the person to receive all the medicines they required.
- Guidelines were in place for people who were prescribed 'as required' (PRN) medicines to provide guidance for staff as to when and why these should be given.
- Medicines were well organised and appropriately stored. Any unused or expired medicines were disposed

of appropriately.

- We reviewed nine people's medicine administration records (MAR). Information was up to date and well maintained, including a photograph and any allergies, and all medicines given had been signed for by staff.

#### Staffing and recruitment

- Robust staff recruitment procedures ensured only appropriate staff were employed.
- Staff records included, for example, previous employment references, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- People and relatives thought there were enough staff to meet their needs and keep them safe. One person told us, "There is a lot of work for them [staff] to do but they do a very good job." One relative said, "There's a low turnover of staff. I can't remember seeing anyone new for a long time. There are enough staff on duty, not as many at the weekends but always enough. When we ring the doorbell [for example] we never have to ring it more than once."
- Staff consistently told us they thought there were enough staff on duty and worked well as a team to ensure people received all the care they required. We observed staff had time to sit and chat with people and supported them at their own pace.
- The providers reviewed people's care needs and used this information to assess and ensure on-going staffing levels were sufficient. They did not use agency staff, however, they worked alongside staff when required to ensure continuity and familiarity for people.

#### Preventing and controlling infection

- Infection prevention and control procedures were well-managed. The home was clean and tidy and a relative confirmed this was always the case. They told us, "It's always clean and tidy and there are never any [odours]."
- Personal protective equipment, such as gloves and aprons, were supplied and we observed staff used these consistently and appropriately in their daily practice. For example, when administering medicines or serving meals.

#### Learning lessons when things go wrong

- The provider had a procedure in place for incident and accident investigation and monitoring.
- Incident and accident forms were recorded appropriately and stored on an electronic system for ease of monitoring. Any learning to reduce the risk of reoccurrence was shared with staff and used to update care plans if required.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remains rated as 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; Supporting people to live healthier lives, access healthcare services and support, and working with other agencies to provide consistent, effective, timely care

- Each person received a pre-admission assessment of their care needs. This ensured the home could meet their needs, for example, nutrition, communication, mobility, oral and personal care needs. This information was transferred into people's individual plans of care.
- Staff assessed and monitored people's on-going health and wellbeing, for example, their nutritional and oral health and skin integrity, using assessment tools in line with nationally recognised good practice. Monitoring enabled staff to identify trends, such as weight loss, over time. People were supported to access health care services promptly when needed, such as their GP, district nurse or speech and language therapist (SALT). They had ready access to preventative health care, such as chiropodists, dentists and opticians to maintain optimum health. For example, on the day of the inspection, a health care professional visited two people to provide treatment for their ears.
- A health care professional told us, "We're quite happy with the care. [The registered manager] is very good at letting us know if they have any concerns and dealing with any after issues, [for example] pressure wounds."

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 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 with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for people where their capacity to make decisions about their care was in doubt. For example, to live at Thornfield Care Home. Where able, people had signed consent forms to receive care. One person had nominated a family member as their advocate and this was recorded in their care plan.

- We observed staff asking people's consent before providing day to day care and support and where people needed extra time to respond, staff were patient and did not rush them.
- Applications for DoLS had been submitted where appropriate and there was a system in place to monitor when these needed to be renewed.
- Where relevant, the registered manager had received copies of documentation to confirm details of people's Lasting Power of Attorney. This protected people's rights as it ensured only people with the legal authority to do so made decisions on people's behalf.

#### Staff support: induction, training, skills and experience

- Staff received annual training in a range of topics to help them keep up to date with their knowledge and skills such as first aid, moving and handling and medicines. Records of training were held by the registered manager on an electronic system which flagged when staff were due to renew their training. The registered manager had booked specific training for all staff in all aspects of personal care including oral health, foot care and pressure area care and, in addition, a learning session on sepsis. Staff told us they were happy with the level of training they received and felt confident in their abilities.
- New staff followed an induction process which incorporated the Care Certificate. This provides a framework of nationally recognised care standards for health and social care staff to achieve.
- Staff received regular supervision which provided them with opportunities to discuss any concerns or training needs with their line manager. The providers worked alongside the small staff team providing on-going support and daily opportunities to discuss any concerns. Staff told us they found supervisions useful. One staff member said, "[The registered manager] always asks if we have any problems."
- Staff confirmed they felt very well supported and could go to the providers at any time for support, advice and guidance.

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

- Staff were knowledgeable about people's specific nutritional support needs.
- Meals were freshly prepared by the chef each day and people were offered choices at each meal time which met their preferences and needs. For example, one person had been assessed by the SALT team as requiring pureed food and this had been revised to minced, moist and soft bite foods. However, the person had capacity to decide what they wanted to eat and did not always want to follow the recommendations. This had been discussed and agreed with the SALT team and recorded in the person's care plan. One person told us, "The food here is very good. I have allergies and they give me an alternative." Another person said, "The food is very good. It's well prepared, well cooked and well presented." A relative told us, "[My family member] really enjoys the food here."
- We observed the lunch meal on the day of the inspection. The atmosphere in the dining area was relaxed. Small groups of people sat at tables and some chatted to each other. Others preferred to eat their meal on a lap table in the lounge.
- Staff offered appropriate support to people to ensure they were not at risk of malnutrition or dehydration. We observed one person received their meal and said they did want to eat anything. With gentle encouragement and physical support from staff they ate their whole meal and had a dessert too. Staff praised them for their achievement. There was a plentiful choice of drinks offered to people throughout the day.

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

- The provider had improved the environment to make it more dementia friendly, such as using pictures and whiteboards to assist with orientation and communication. They had carried out improvements to the driveway and parking area which made it more accessible for people who used mobility aids and wheelchairs. The rear garden had level pathways and gentle slopes which enabled people to take walks or

wheelchair 'walks' around the gardens.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remains rated as 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;

- Relatives and people told us they were extremely happy at Thornfield Care Home. One person told us, "The staff are excellent. They've been so good to me." A relative said, "The staff are welcoming to everyone. They're most impressive. It's like a big family. We couldn't believe our luck." Another relative told us, "They [staff] are so lovely, so nice, they have humour and are really kind. They have the human touch, holding hands, it's lovely. There's a family feel. As a visitor I always feel welcome. [My family member] is happier here than when she was at home, more content. Didn't she and I land on our feet to end up being here!"
- We observed staff were consistently kind and thoughtful when interacting with people. For example, when administering medicines, a staff member was reassuring to one person who pulled a face at the taste and said, "I know, that doesn't taste very nice does it. Have a little drink to take the taste away. Well done. Thank you." Another staff member was chatting and laughing with a person. They had some toiletries for the person and said, "I'll go and put these in your bedroom for you."

Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respected their privacy. They knocked on people's doors and waited for a response before entering their rooms. A staff member knocked on one person's door to give them their medicines and said, "[Name] I'm sorry to interrupt you. I have your [medicines]."
- We observed staff were extremely caring and patient and supported people at their own pace without rushing them. This enabled people to remain as independent as possible. One person had walked slowly to the lounge with their walking frame while a staff member walked beside them, resting their hand on the person's back for reassurance.
- Staff ensured people were supported to be clean and well-dressed. During the lunch meal a staff member helped a person to use their serviette to wipe their mouth after their main course then offered them a clean one for the remainder of their meal.
- We observed the chef closed the kitchen door when they used noisy electric appliances during the meal preparation. This ensured people were not exposed to the noise when they were relaxing in the lounge.
- People's care plans recorded where people required specific support to ensure they felt comfortable and reassured. For example, one person's care plan stated, "May experience hallucinations which can cause distress and confusion. [Name] needs reassurance and gently reminding we are here to help. If he 'sees' people in his room offer to check no one is there. This avoids debate about whether someone is there or not and instead acknowledges his perception and focuses on what he needs to feel comfortable."

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

- There was a strong person-centred culture within the home. Staff understood the importance of enabling people to be in control of their day to day lives as much as possible. We consistently observed staff asking people, for example, where they wanted to sit, what they would like to do or what they would like to eat and drink.
- Staff talked with people whilst they provided their care and support which ensured they felt involved. People felt able to make their wishes known and felt listened to and valued. One person told us, "Oh yes. They [staff] respect my wishes." Relatives told us they were involved and had opportunities to discuss with staff how their loved ones were and if there were any concerns.
- Comments received from people, relatives and visitors included, "Always made to feel welcome," and "all staff, especially the owners are approachable and ready to answer any questions," and "all are happy and comfortable and well cared for," and "always a sociable atmosphere and friendly welcome."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained as 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

- Each person had an individualised care plan which included a life history and things that were important to them. Staff knew people very well, including their likes, preferences and life histories. One staff member told us, "Sometimes [name] will say she is not sure what she wants to eat so we use our past knowledge of what she likes."
- Staff responded promptly to people's needs and wishes throughout the day. One staff member told us, "We're a small home and know everyone and what they like. [Name] can get agitated in the evenings so we can walk with her and help her settle. If [Name] stands up, she can't say she wants to go the toilet but we'll take her because we know that means she might want to go to the toilet."
- Where people's needs had changed, care plans were up-dated and staff were made aware of these changes, for example, through handover meetings. Handover meetings were also an opportunity for staff to share information from one shift to another. A staff member told us for example, "We had a handover this morning. Night staff told us [Name] had not slept well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's individual communication needs and had a range of communications aids to assist people with their understanding. For example, staff switched on subtitles on the television so people with hearing impairments could follow the programmes. During the medicine round a staff member asked one person if they needed painkillers. The person could not hear properly so the staff member wrote the question on a small white board which helped the person to answer that they did not have any pain.
- Staff ensured people had their communication aids with them, such as hearing aids and glasses, and that they were clean and in good working order.

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

- The home offered a range of activities for people to engage with. We observed a staff member facilitating a guessing game using a large white board which people and their visitors seemed to enjoy. The staff member was supportive and encouraging and people were chatting and laughing together. People went for walks in the garden, read the newspapers and did their own puzzles and knitting.

- One person told us, "I get out for walks in the garden. I go three times around. I'd go mad if I couldn't get out." Another person said, "Activities are quite important. I watch the news and read my newspaper to keep up." A relative told us, "They try to include everyone. [Our family member] is more interested in the music man and softball." Another relative said, "I get involved. [My family member] likes me to come in for music and exercise. He gives me a list of dates! We all get welcomed to join in."
- People accessed events and activities in the community. A relative told us, for example, their family member liked to go shopping, to the beach or the garden centre.

#### Improving care quality in response to complaints or concerns

- People and relatives told us they had no complaints but would speak to the providers if they had any concerns and felt confident these would be addressed appropriately. Where complaints had been previously raised, these had all been addressed and resolved. Where people had difficulty with communication, this was recorded in their care plans and staff were reminded they may require extra support if they wanted to raise a concern.

#### End of life care and support

- People received compassionate care at the end of their lives. People were able to stay at home at the end of their lives rather than go to hospital if this was their wish. Staff told us they were able to support people to stay at home with doctors and district nurses providing pain relief and clinical oversight. One staff member told us, "We keep them here if possible. The doctor prescribes pain relief. We minimise moving and positioning and keep them comfortable. We respect their beliefs and their family is able to stay overnight so they can have time with them [their loved one]. We're a small home and can give individual attention. We go to the funeral to pay respects and families come back to say hello." A comment left on the website stated, "My mother's end of life care was excellent and the support we received after her passing was demonstrated through the empathy shown."

# 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 remains as 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; Continuous learning and improving care

- The registered manager and provider had created a strong focus on person centred care within a welcoming and homely environment. Each person and relative we spoke with told us they were very happy at Thornfield Care Home and would recommend it. A relative told us, "I can't sing their praises highly enough. I really mean that." Another relative said, "They are very good. I can't fault them."
- The staff and providers understood their roles and responsibilities and it was clear that people's well-being and their quality of life was their primary focus. Staff consistently told us the registered manager was always available to provide support and guidance when needed. A staff member told us, "[Name] is very good. She is always there if anything happens and helps us." Another staff member said, "[Name] sends us an email and writes in the communication book, [for example], if there are new policies to be read. Communication is good. There are no problems." There was a culture of shared responsibility within the team and communication was effective which ensured everyone was up to date and working to the same goals.
- Staff felt valued and listened to and worked well as a team. One staff member said, "We're like a small family. Management treat us well and I'm very happy here. I'm most proud of the care we give." A relative confirmed they were very impressed with the care their loved one had received which had greatly improved their physical and mental health outcomes. They told us, "It's unbelievable what [the registered manager] has done."
- The providers had implemented an electronic care system which supported the monitoring of the quality and safety of care. Surveys and audits such as, medicines and health and safety ensured areas for improvement were identified and acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt involved in daily life in the home. The registered manager took an informal approach to obtaining feedback through ad-hoc chats with people and relatives on an on-going basis. Relatives confirmed they could approach the providers at any time and discuss any concerns or ask for advice. They said, "We can ring any time. Communication with [the registered manager] is very easy."
- The provider sent out annual surveys to people, relatives and health professionals to gather feedback about the home. Comments from health professionals included, "evidence of self help, equal opportunities, motivation, choice and mobility," and "staff are caring and attentive to resident's needs. Residents seem happy and content," and "always a pleasure to visit." Comments from people included, "I don't like curry on



the menu but always get an alternative," and "...have choices, bath times to suit."

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

- The provider had a Duty of Candour policy in place to ensure any relevant concerns were communicated and addressed with openness and transparency. The registered manager understood their responsibilities under the Duty of Candour.

Working in partnership with others

- The providers worked in partnership with local organisations and agencies to strengthen local relationships and improve care. For example; with the local district nursing team, the church, and the local authority. A care professional told us, "The registered manager does contact me from time to time for advice and we have a good relationship with the home." A healthcare professional commented, "Staff are always helpful."