Porthaven Care Homes No 2 Limited

Thirlestaine Park Care Home

Inspection report

Humphris Place
Off Sandford Road
Cheltenham
Gloucestershire
GL53 7GA

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14 December 2017

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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

Thirlestaine Park Care Home is a 'care home'. People in care homes receive accommodation and nursing as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The care home can accommodate 63 people in one adapted building spread over three floors. Nursing care was provided on the second floor and people living with dementia lived on the first floor. People requiring help with their personal care lived on the ground floor. At the time of our inspection there were 38 people living at the home. People had individual bedrooms with en-suite facilities and also had access to a bathroom with an assisted bath. Spacious communal areas were provided on each of the three floors which included lounges and dining areas. In addition people had access to smaller private lounges, a gym, an activities room and a reception room where they and their visitors could have coffee. Grounds around the home were accessible. Raised flower beds and patio areas were provided. On the first and second floors there were enclosed balconies for people to sit outside.

This inspection took place on 13 and 14 December 2017. At the last comprehensive inspection in October 2015 the service was rated as Good overall.

At this inspection we found the service remained Good.

There was a registered manager in place. 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.

People's care and support was individualised reflecting their backgrounds, lifestyles and aspirations. Staff knew people well, treating them with kindness and respect. They understood how to support people who were anxious or upset, helping them to manage their emotions. People had positive relationships with staff, sharing lighter moments and laughing with them. People were encouraged to be independent and staff knew what they could and could not do for themselves. People were offered choices about their day to day lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Deprivation of liberty safeguards were in place where people were restricted of their liberty.

People's health and wellbeing was promoted. They had access to a range of health care professionals. When people's needs changed they received the appropriate health and support to enable them to stay as well and safe as possible. People were supported to have a healthy and nutritious diet which reflected their individual dietary needs. People's interests were considered when providing a range of activities both inside and outside of the home. People enjoyed art and flower arranging classes, using the gym, gentle exercise, music and individual clubs. A group of people had visited a local airport and had a helicopter ride. People

had also been entertained by a choir and local celebrity. Good use was made of technology to make information accessible to people and to ensure they received safe care.

People were supported by staff who had been through a recruitment process which verified their competency and aptitude for the roles they were to perform. Staff had access to training to equip them with the skills to support people. They were supported to develop in their roles with individual meetings, annual appraisals and staff meetings. Staff understood how to keep people safe and were confident about raising concerns about people's safety and wellbeing.

People's views were sought as part of the quality assurance process to drive through improvements. A range of quality assurance audits were completed by staff, the registered manager and the provider to monitor and evaluate the quality of service provided. Audits evidenced actions had been identified resulting in improvements to such areas as staff training and supervision, staff levels and the environment.

The registered manager was open and accessible. Complaints were investigated and responded to with action being taken in response to any lessons learnt. The registered manager wished to drive through improvements to provide the best possible service to people and to value the contribution of staff.

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's rights were upheld and they were kept safe from the risk of harm or injury. Lessons had been learnt from incidents, accidents and near misses to prevent them reoccurring.

Improvements had been made to recruitment processes to make sure checks required for newly appointed staff had been completed. There were sufficient staff employed with the right skills and knowledge, to meet people's needs.

Medicines were safely administered. Infection control procedures protected people against the risks of infection.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Thirlestaine Park Care Home

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 checked 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 13 and 14 December and was unannounced. This inspection was carried out by two inspectors 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. Their area of expertise is older people and people living with dementia.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. We contacted the commissioners of the service to obtain their views about the care provided to people.

During our inspection we spoke with 19 people and eight relatives. We spoke with the registered manager, the regional manager, two nurses, the home trainer, the leisure and wellness co-ordinator, activities manager, chef, maintenance technician, domestic staff and six members of staff. We looked at the care records for nine people, including their medicines records. We looked at the recruitment records for five new members of staff, training records and quality assurance systems. We used feedback given to the provider as part of their quality assurance processes and also from a national website. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People's rights were upheld. People told us, "I feel very safe - it's just the general feeling of the home" and "I think it's because someone is around when you need them." Relatives said they were reassured that people were living in the home and one told the provider, "We could relax as we knew she was safe, happy and cared for." Staff had a good understanding of the safeguarding policies and procedures and described how they would record concerns about suspected abuse and raise them with managers. They were confident managers would take the appropriate action in response and said they would use the provider's whistle blowing procedures if they had concerns. Whistle blowing legally protects staff who report any issues of wrongdoing. The registered manager reported any concerns about matters such as unexplained bruising appropriately with both the Care Quality Commission and local safeguarding teams. No further safeguarding concerns had been raised about unexplained bruising due to the strategies put in place, such as additional training and support for staff. Safeguarding practices and processes were monitored, reviewed and updated by the provider as part of their quality assurance processes.

People felt confident raising concerns with the staff. They told us they did not have any worries about their safety. People were safeguarded from discrimination. Their protected rights under the Equality Act had been considered during the assessment process. For example, whether staff needed to be vigilant on their behalf about possible harassment or discrimination by other people living in the home.

People were supported to stay as safe as possible. Any hazards they faced had been assessed and risk assessments described the strategies in place to minimise these. Accident and incident records were kept and monitored closely to assess if any trends were developing which needed to be addressed. For example, when people had a number of falls, they were referred to their GP to assess whether there was a physical reason for the falls, as well as being referred to the falls clinic and health care professionals. Where sensory equipment was needed to alert staff about people's movements this was supplied. Other equipment such as hoists, high/low beds with a mattress on the floor and walking frames were provided when needed. Systems were in place to monitor the safety of equipment and to maintain a safe environment.

People who at times became distressed or anxious were helped by staff to manage their emotions and to become calmer. Staff had received guidance from health care professionals to understand people's mental health wellbeing needs and how best to support people. Staff were observed effectively using distraction and diversion, acknowledging people's distress and supporting them to become calmer. A relative commented, "They are good with people with anxiety."

People were supported by enough staff to meet their needs. People's dependency needs were reviewed monthly and if needed staff levels could be changed to reflect these. One or two registered nurses were on duty each day along with care staff. Other staff had been trained to deliver personal care, medicines and to help with eating and drinking in addition to their other duties, so they could help out when needed. Agency staff were used when needed. Staff recruitment made sure a full employment history was requested, previous employers had verified the character and competency of staff and a Disclosure and Barring Service (DBS) check had been received. DBS checks are a way that a provider can make safer recruitment decisions

and prevent unsuitable staff from working with vulnerable groups of people. New staff completed an induction programme which included health and safety and safeguarding.

People received their medicines safely. Robust procedures were in place for the administration and management of medicines. People received their medicines when they needed them and at times to suit them. They were offered medicines to be taken when needed. Medicine administration records were maintained satisfactorily. Medicines which needed additional storage to keep them safe were managed and maintained appropriately. Medicines were ordered, stored and disposed of in line with current guidance and legislation.

People were protected against the risk of infection. Measures were in place to prevent and control the risk of infection. Staff had completed the relevant training and had been provided with personal protective equipment. The maintenance technician ensured water systems and legionella checks were monitored in line with current guidance and legislation. Staff had completed food hygiene training and the catering facilities had been awarded the top score of five stars by the food standards agency. Infection control procedures were monitored by the provider and the regional manager confirmed there had been no outbreaks of infectious diseases.

Accidents and incidents were thoroughly investigated to assess if there were any lessons which could be learnt and preventative action taken. For example, improving communication between staff to prevent misunderstandings and to ensure staffing levels reflected people's needs. Accidents and incidents were monitored by the provider and any learning was shared between the services to improve safety.

Good

Is the service effective?

Our findings

People's needs were assessed prior to moving into the home. The registered manager said the client services manager would visit people in hospital or at their home. They would also invite people to spend time at Thirlestaine Park if at all possible. This gave them and staff the opportunity to spend time together to assess whether people would like to live there and whether they would be compatible with others already living at the home. An assessment was completed which was also supported by assessments from hospital and the local authority and clinical commissioners. Feedback to the provider about the admission process included, "The assessment was carried out promptly and efficiently."

People's protected characteristics under the Equality Act were promoted. Staff had access to training in Equality and Diversity. People's spiritual, religious, sexual and cultural needs had been identified as part of their initial assessment of need. The registered manager considered people's diverse needs and whether any adjustments needed to be made to the delivery of their care.

People benefited from the use of technology and equipment to ensure their care was effective and promoted their independence. The registered manager confirmed care plans would be managed electronically in 2018 once staff had completed the necessary training. This would not only improve access but the ability to update records instantly as changes occurred. The leisure and wellness co-ordinator used an electronic touch screen tablet to share information, photographs and videos with people. People's independence was promoted through equipment which made use of electronic sensors for example, mats which alerted staff if they had moved. People had access to call-bells in their rooms to request staff to visit them.

People told us staff had the knowledge and understanding to provide their care and support. A relative told us, "They know her nursing needs and personality very well." Staff had access to a range of training delivered internally but could also access external training. The home trainer monitored the needs of staff and kept an electronic database which highlighted when refresher training was needed. Staff were prompted to complete open learning or registered for external training. Assessments, questionnaires and observation of staff practice confirmed their competency. Registered nurses said their continuing professional development was monitored and they had completed training in sepsis, nutrition, the malnutrition universal screening tool (MUST) and palliative care. Staff and registered nurses attended bi-monthly one to one meetings to reflect on their practice and training needs, as well as an annual appraisal.

People were encouraged to have a healthy diet. Their dietary needs had been considered and the chef was kept up to date with changes in people's needs. They explained they catered for people living with diabetes, people at risk of choking and people at risk of malnutrition. The menu offered people a choice of a main meal and alternatives could also be provided. People were offered a visual choice of the dinners provided at each meal so they could make an informed choice about what to eat. People were observed being supported with their eating and drinking. They were assisted at their own preferred pace and were not rushed. People living with dementia were provided with brightly coloured crockery which encouraged them to eat. Staff were also observed reminding people to eat "a little more" or being offered alternatives or a

snack if they were not hungry at meal time. The registered manager was aware the experience of people in the dining room could be improved further and had already identified ways to achieve this. Staff, when able, spent time chatting with people and had put music on in the background to improve the ambience in the rooms. People responded positively to this.

People were supported to stay as healthy and well as possible. They had access to a range of health care professionals. Their GP visited weekly and referrals were made to other health care professionals when needed. Staff worked closely with social and health care professionals to co-ordinate their care and support. Records were kept of any communication and shared with the staff team.

People's environment had been designed with their needs in mind. All areas were accessible to them and spacious communal areas were provided on each floor which people were observed using no matter where their own personal room was situated. People had personalised their rooms. Consideration had been given to providing a dementia friendly environment. On the first floor memory boxes had been provided outside people's rooms which some people and their families had chosen to use so people living with dementia would recognise which was their own room. Toilets had been provided with toilet seats in a contrasting colour. Any changes to the environment had been discussed with people at resident's meetings. For instance, changing a small lounge into a gym.

People's capacity to make decisions about all aspects of their day to day care had been considered in line with the Mental Capacity Act 2005 (MCA). The 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's care records highlighted where they had fluctuating capacity to make decisions about their care and support and when decisions would need to be made in their best interests. For example, moving home or taking medicines. People were observed being given choices about their day to day lives, what to eat and drink, where to spend their time and with whom and what activities to be involved in.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made on behalf of people who were being deprived of their liberty or who had restrictions in place. The registered manager kept a record of when the applications were submitted and when they had been approved. They also monitored any conditions noted on the DoLS such as access to activities or being supported to walk in the grounds.

Good

Is the service caring?

Our findings

People were treated with kindness and care. They told us, "They treat us well" and "The staff never have long faces." People were observed chatting amiably with staff and enjoying the time they spent in their presence. A relative commented, "Very good care, lovely calm atmosphere, staff are happy in their jobs". The relative said this was why she and her mother had chosen it. Staff were of a cheerful disposition and there was lots of laughter and merriment between staff and the people they supported. Relatives commented, "She is nurtured by carers, well looked after and is doing very well", "Cared for excellently" and "Staff are wonderful, caring and thoughtful."

People were supported by staff who knew them well. People's personal histories had been discussed with them and a life story document illustrated this. Their communication needs had been considered and how these were impacted on by their disabilities and sensory needs. Staff were observed checking to see if people had access to hearing aids and glasses. People's personal information was kept securely and confidentially. People said staff responded to them in a timely fashion, "I can do most things for myself but if I need help I press the button and they do come." Although two people commented calls bells could be busy at times. Staff were observed monitoring and responding to call bells during our inspection. The registered manager said they were able to monitor the time to answer call bells and could address this if they noted a problem.

People's diversity was considered. Staff respected their right to family life. Staff gave due consideration to their relationships with partners and respected their right to privacy. People's spiritual and cultural preferences had been discussed and if people could not attend a local place of worship they were able to attend a service held within the home.

People were supported to express their views about their care and support. The provider information record (PIR) stated, "Residents are actively encouraged to participate in the life of the home, and their thoughts and requests are recorded and acknowledged." One relative said their parent had a really good relationship with their key worker. Records were monitored monthly or sooner if needed which included having a "casual chat" with people. Where a lasting power of attorney (LPA) was appointed they had the authority to make specific best interests' decisions on behalf of that person, if they were unable to make the decisions for themselves. There was evidence that LPA's had been included in the decision making process.

People had access to information which was accessible to them. The provider had issued a statement which acknowledged they would make information available to people in different formats if this is what they needed. Information was also accessible to people using an electronic touch screen tablet. Staff were able to produce copies of documents in large print. People's doors had a plaque with their names on. These had been produced in large print on a yellow background making them easily readable. Posters had been produced to provide information to people about the benefits of using the gym and of a recent gardening competition. These displayed text in large print complemented by large photographs. The activities board, in the reception area, used large pictures and symbols to illustrate the activities for the week. The registered manager confirmed they had another board which they would display on the first floor.

People were supported by staff who treated them with dignity and respect. One person said, "The carers are all so kind treating us with respect and dignity and respecting our privacy when helping us" and another person living in the home commented, "Staff are gentle and respond well to people with dementia." People's independence was promoted. This was acknowledged by a relative, "They maintain her independence well" and a person living in the home said, "People are allowed to be independent."

Good

Is the service responsive?

Our findings

People's care was individualised reflecting their changing needs. People's care records provided an overview of the care and support they wished to receive and how to encourage them to maintain their independence. Assessments took into account what people could do for themselves and what they needed help with. Staff described the robust methods of communication to highlight any changes to people's needs, including daily handovers, staff meetings and daily records. A member of staff said in response to increasing falls one person was now supported by two care staff for any moving and handling tasks and sensor mats had been put in place. Their care plans reflected this. A resident of the day system ensured people's care records and the support they received were reviewed on a regular basis. Staff confirmed this was an additional check to make sure nothing had changed and care records were up to date. New electronic care records were to be introduced in 2018 to improve the efficiency of updating care records and making changes instantly accessible to staff.

People's human rights and their physical, emotional, social and intellectual needs were understood by staff. A lifestyle profile highlighted their backgrounds, lifestyle preferences and their interests. Consideration had been given to whether any adjustments needed to be made to their care and support in light of their cultural, spiritual and sexual needs and their disabilities. People's care records guided staff to respect people's right to privacy, to give them as much control and independence as they could and to consider their mental wellbeing in any interactions. A relative commented, "They know her nursing needs and personality very well."

People were encouraged with social and cultural activities of their choice. People had been asked about their interests and activities were offered to reflect these. An art group was held weekly and one person was busy preparing their art work for an exhibition. People said, "There are always a lot of things going on in the lounge", "I really enjoy the man who plays guitar. He plays old songs so we can sing along" and "I like flower arranging and going to the pub." The leisure and wellness co-ordinator maintained a record of activities people had been involved in which included photographs and visual electronic displays. They made good use of technology to make information accessible to people. They spent time with people in their rooms if they preferred not to join group activities. A "Gentleman's Club" had been set up which one person, who normally stayed in their room, liked to attend and after requests a "Ladies Club" had been set up too. The leisure and wellness co-ordinator promoted people's health and wellbeing offering gentle exercises and the use of the gym. One person who was unable to stand had regained their mobility and another person's mobility had significantly improved as a result.

People benefited from links with the local community, including the church, local schools and colleges as well as external entertainers. People had recently been entertained by the "Military Wives Choir" and a local celebrity had joined them for an interesting and amusing talk. A group of people had visited a local airport where they had taken helicopter rides over the local countryside, had a drive in a vintage car and listened to the experiences of a World War 2 fighter pilot. A book containing photographs of the day was a reminder of their experiences. One person told us, "They provide so much - we are allowed to learn."

People had information about how to make a complaint. They said they would talk with staff and when they "raise concerns they get dealt with straight away". A complaints log was kept which included a copy of the outcome of the complaint and any actions taken. The registered manager described how lessons had been learnt with respect to one complaint and they had reviewed communication processes between the staff teams. The provider information record stated there was an open approach enabling people and their visitors to "discuss all manner of concerns" and that "all complaints are dealt with promptly".

People were supported at the end of their lives with dignity and empathy. People were helped to record their end of life wishes. For one person this meant making sure their organs would be donated. Other people were able to describe the type of service they would prefer. People had "do not attempt cardiopulmonary resuscitation" (DNACPR) orders in place. These are a decision made in advance should a person suffer a cardiac or respiratory arrest about whether they wish to be resuscitated. The registered manager said people and their relatives were supported during this time, giving people and their relative's physical and emotional support. Spare rooms would be made available to relatives if needed, plus hospitality and the comfort of staff if they wished. The registered manager described how staff had stayed, at the end of their shift, with one person who was at the end of their life, until their family arrived. They had not wished the person to be left on their own. A relative commented, "They thought ahead and arranged appropriate medicines to ensure my mother was comfortable and free from distress."

Good

Is the service well-led?

Our findings

People received a service which promoted their health and wellbeing and personal positive outcomes. The registered manager described her vision for the service to develop Thirlestaine Park as "nationally recognised for the work which we do". The website for Thirlestaine Park stated, "Our expertly trained and professional staff are dedicated to the care, comfort and dignity of all our residents, with special emphasis given to promoting independence, privacy, respect and wellbeing." Staff said, "I am proud of the staff teams" and "It's a lovely atmosphere to work in."

The registered manager prided herself on her openness and accessibility. Each day she said she walked around the home. She also provided a drop in for people living in the home and visitors. The registered manager explained, "I am inclusive with staff and they know as much as I do." Staff commented, "The registered manager is very informative" and "She comes around every day. She is supportive and promotes a positive culture." A relative commented that the "organisation of the home is excellent". Staff had been given roles and training as champions in key areas within the home such as dementia, infection control, tissue viability and end of life care. This made sure staff knowledge was kept up to date with best practice.

The registered manager considered one of the major challenges was to "grow and maintain care teams at the same time as slowly increasing occupancy". She acknowledged the importance of valuing staff and ensuring they were happy in their work. She said she tried to make morning handovers and debriefs as light hearted as possible whilst making sure the essentials were communicated. She recognised the importance of individual support for staff, including maintaining their training and further career development. She had thought about ways in which she could show her appreciation by introducing an "employee of the month" award and putting staff forward for national award schemes. Staff meetings were used to embed the visions and culture of the home and to promote best practice. Staff confirmed the teams worked well together. A member of staff said, "We help each other out, communication is really good."

The registered manager was supported by the provider to carry out their role and responsibilities. They had individual meetings with the regional manager to monitor and evaluate the quality of service provided. She understood her responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. She described the disciplinary procedure and how this had been implemented to ensure the professional conduct of staff. Staff were confident about raising concerns and one staff member commented, "They would not continue to employ staff with poor practice, it's not what we do here." There were arrangements to ensure the confidentiality of information and secure storage facilities were available.

People, their relatives and staff were asked for their views about the service. There were a variety of ways in which they could provide feedback such as residents' and relatives' meetings, staff meetings, annual surveys, complaints and compliments and external websites. A member of staff commented, "The registered manager is approachable and will listen to ideas and take them on board." The leisure and wellness co-ordinator gave an example of their suggestion for a gym. A seasonal newsletter provided the latest news and feedback about improvements to the home and service provided. There was information about the survey

results, the current CQC rating and the rating from a national website which the public had rated the home as 9.7 out of 10 for the service provided.

A range of quality assurance processes were in place which were completed by staff, the registered manager, the regional manager and the provider. These processes were closely monitored by the provider to ensure any actions identified had been implemented to drive through improvements. For example, over two internal audits there was a significant improvement in the completion of refresher training by staff and the frequency of one to one meetings. The registered manager described how lessons were learnt from incidents, investigations and complaints. For instance, after one incident a review of staffing led to the introduction of team leaders on each floor.

The registered manager described how they worked in partnership with other organisations including the local authority, safeguarding teams, clinical commissioning groups and multi- disciplinary teams. They gave an example of how they had liaised with the GP and mental health teams when a person became unwell, sharing information and care records with them as needed.