

Shaw Healthcare (Group) Limited

Turn Furlong Specialist Care Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Turn Furlong Specialist Care Centre provides short stay, respite, rehabilitation, nursing and residential care for up to 51 older people, including people living with dementia. On the day of the inspection there were 35 people using the service.

At the last inspection, the service was rated Good; at this inspection we found that the service remained Good.

The service is required to have 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. A registered manager was in post at the time of the inspection, however they were on a secondment and not available during the inspection. In the absence of the registered manager the deputy manager had taken on the role of manager supported by a deputy manager and the operations manager who visited the service during the inspection.

People received care from staff that were kind, compassionate and encouraged them to maintain their independence. Staff were respectful of people's dignity and demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. People were treated as individuals and their privacy and dignity was protected.

Care plans detailed people's needs, their likes and dislikes and preferences. The information gathered ensured that people were cared for safely. Staff understood their role and responsibility to keep people safe from harm.

There were sufficient staff to meet the needs of the people staying at the Centre; staffing levels were kept under review. There were appropriate recruitment processes in place which protected people from being cared for by unsuitable staff and people felt safe in the Centre.

Staff were supported through regular supervision and undertook training which helped them to understand the needs of the people they were supporting.

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. People were involved in decisions about the way in which their care and support was provided.

People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care. Families and friends were welcome at any time.

There were effective quality assurance systems and audits in place; action was taken to address any shortfalls. Management was visible and open to feedback, actively looking at ways to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

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

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

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

Is the service effective?

Good ●

The service remains Good

People received care from staff that were supported through regular supervision and had the skills and experience to meet their needs.

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

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

Is the service caring?

Good ●

The service remains Good

People were treated with kindness and respected as individuals; their dignity and privacy was protected.

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

Visitors were made to feel welcome at any time.

Is the service responsive?

Good ●

The service remains Good

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

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

Is the service well-led?

Good ●

The service remains Good

There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

Effective quality assurance systems were in place which ensured that standards were maintained and action taken to address any shortfalls.

Turn Furlong Specialist Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 26 January 2017 and was unannounced. The inspection was carried out by one inspector, an inspection manager and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance our expert-by-experience had cared for a relative living with dementia.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted social and healthcare professionals who visited the service, and commissioners who fund the care for some people using the service, and asked them for their views.

Before the inspection, the provider completed a Provider Information Return (PIR.) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with nine people who used the service and the relatives of two people. We also spoke with five members of support staff and members of the management team which included four team leaders, two nurses, the manager and the operations manager.

We observed care and support in communal areas including lunch being served. We looked at the care records of six people who used the service. We also saw a range of records which related to the running of

the service, which included staff recruitment files and training records, records of internal audits carried out and maintenance records.

A number of people who used the service lived with a dementia related illness and so some of them could not describe their views of what the service was like; we undertook observations of care and support being given. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us how well looked after they were and how friendly and kind the staff were. One person told us "I am very happy here the staff have been very good; I don't have any concerns staff are like friends". A relative told us that their relative felt safe especially as they had bed rails which stopped them from falling out of bed and that the staff were very patient with them. People looked happy and relaxed in the presence of the staff.

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. Staff training records confirmed that all staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team were all readily available to staff. Staff told us that if they had any concerns they would speak to the manager or deputy manager and if they were not satisfied with what happened they would report the incident outside of the centre. We saw that the manager had contacted the local safeguarding team when any concerns had been raised and any investigations required had been undertaken in a timely way.

Risk assessments with detailed guidance to staff were in place which identified areas where people may need additional support. For example, people who had been assessed for falls had plans in place to mitigate the risk from falling such as having two staff to transfer and support to walk. Anyone who had difficulty with their mobility had plans in place to ensure they maintained their mobility.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

We observed staff responding to call bells and spending time with people throughout the day. The provider used a dependency tool to calculate the number of staff required to support people's assessed needs. Staffing levels varied according to the level of dependency people were assessed at. People told us there were enough staff; one person said "Staff are quick to respond if I use the buzzer, I never have to wait long." Staff told us that they felt at the time of the inspection staffing levels were sufficient to meet people's needs. One member of staff said "It is nice to have the time to chat with people, it is so important."

There were safe systems in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Staff gave people suitable support to take their medicines in a way that they preferred. One person told us "My Medication is always on time and they [the staff] stay and watch me take it." Records were well maintained and regular audits were in place to ensure that all systems were being safely managed.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place and equipment was stored safely and regularly maintained.

Is the service effective?

Our findings

People were supported and cared for by a well trained staff team, some of whom had worked at the Centre for several years. We observed staff supporting and encouraging people throughout the day to regain and maintain the skills they had to enable them to go home. One person told us "I think they [the staff] are very well trained they seem to get people up and about on their feet and back home in no time." Another said "The staff are great; I was in such a bad state when I came, now look at me walking up and down; I am very happy and content with the progress I have made."

New staff undertook an induction programme which was specifically tailored to their roles and had to complete the Care Certificate within six months of starting their employment with the provider. The Certificate is based on 15 standards. It aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff spoke to us about the training they had received and records confirmed that training in key areas such as first aid, fire safety, medication, movement and handling and dementia awareness was refreshed regularly to ensure staff kept their skills and understanding up to date.

Staff felt supported and listened to. Staff told us they received regular supervision and had yearly appraisals. One member of staff told us "Supervisions are useful; they help you to improve your practice and identify any training you may need."

People were involved in decisions about the way their support was delivered and were encouraged to do things for themselves. One person told us "Staff are very good they come to my room and let me choose what I want to wear before I get washed; they encourage me to be independent; I am not very well physically at the moment, but mentally I can make my own decisions". We heard staff asking people what they wanted, for example "Come on [name of person] you lead the way, do you want your breakfast?"

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

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

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

People were supported to eat a healthy balanced diet. There was a choice of meals available each day and alternatives were available should someone want something different to the menu. People told us the food was good and there was plenty of it; one person commented "The food is very nice, too much on my plate at times." Another person said "You can always get a sandwich or toast or a biscuit between meals; I never have as there is always enough at mealtimes"

There were enough staff to support those who needed some assistance with their meals. We observed staff supporting a number of people, the people were not rushed and the atmosphere was calm and relaxed, staff gently encouraged people to eat.

People had access to physiotherapists, occupational therapists and other health professionals. One person told us "I get physio 2-3 times a week." Another person said "The physio girls are very good they walk me right up the corridor to the gym to do my exercises and walk me back, they are brilliant".

Is the service caring?

Our findings

People told us how friendly and supportive the staff were and we observed many positive interactions with people and the staff. Some of the comments people made included "I think the staff are very caring, genuinely caring, and not like it's just a job, nothing is too much trouble for them", "I wouldn't fault them[staff] they make you feel relaxed they don't rush us they let things come naturally". A visitor told us "The staff are very good they really care and nothing is a problem for them; they are like that with everyone. My relative has greatly improved".

People were encouraged to express their views and to make choices. One person told us "They knock on my door in the morning ask how I am and if I'm ready to get up, if I'm not I stay in bed and that's ok with them." We observed people making choices as to where they spent their time. One person said "I'm very comfortable here and have my meals in my room, I mainly ask for some soup as well and I always get some. The staff have offered to walk me up to the dining room but I like to eat in here they don't mind."

Staff protected people's dignity and respected their individuality. We observed many occasions when staff knocked on people's doors before they entered their room; speaking to people by their chosen name and actively engaging with them in conversation. In the part of the Centre where people living with dementia were cared for staff supported people individually, taking time with people which helped people to remain calm and relaxed. We heard staff talking to people about their past life such as what they wore at their wedding. One person told us "The staff speak very nicely to me and support me with my meals they cut my food up for me but encourage me to feed myself".

There was information available about advocacy. The manager knew they could contact an advocacy service if they needed to. At the time of the inspection no one required an advocate.

Visitors were welcomed at any time and those who we spoke to said they always felt welcomed. One relative told us "I come here every day so I see all the goings on and they are genuinely good and caring towards people." We read several thank you cards from families whose relative had stayed at Turn Furlong they included 'Everyone has gone out of their way to make [name of relative] stay comfortable.' '[Name of relative] was so well looked after.'

Is the service responsive?

Our findings

People's needs were assessed before they came to stay at Turn Furlong which ensured that their needs could be met. Detailed individual care plans were developed from the information gathered. One relative told us "I was involved in my [name of relative] care plan on their admission and expect to have a review soon as I am my relative's advocate."

Care plans detailed the care and support people needed which ensured that staff had the information they needed to provide consistent support for people. The plans were reviewed regularly and we saw that they had been updated to reflect the progress people had made. Any changes to the care plan were also communicated at staff handovers which ensured staff remained up to date with people's support needs.

Although people only stayed at the Centre from between two and eight weeks the staff knew people well. The conversations we heard staff have with people demonstrated their knowledge and understanding of the person. One person told us "I feel staff know me and my interests because they have asked me and chat to me about my life and family."

People undertook activities which supported their rehabilitation programme which had enabled people to regain skills and maintained their independence. If people wished to pursue their own interests they were encouraged to do so. The aim was for people to remain as independent as possible and make choices and decisions for themselves. People were offered the opportunity to spend time at the day centre which was based within Turn Furlong and we saw from noticeboards that various outside entertainers visited regularly including Pets as therapy (PAT) visits. People were encouraged to socialise at mealtimes and were provided with nicely furnished and pleasant dining areas to eat their meals if they wished. People's spiritual needs were met through visits from local spiritual leaders.

There was information about how people could raise a complaint and people were encouraged to complete feedback surveys as they were discharged. The overall impression we got from people was that they were very happy with the care and support they received. One person told us "I have no complaints to make; they [the staff] make themselves very approachable by the way they speak to me, they bend down and come close to speak to me, I can't fault this place". Another person said "I have no complaints, if I had; I know I can make them to the manager." The provider had a complaints procedure in place and we saw that when a complaint had been made it had been appropriately addressed and lessons learnt.

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection, however they were on a secondment and not available during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. In the absence of the registered manager the deputy manager had taken on the role of manager supported by a deputy manager and the operations manager who visited the service during the inspection. The acting manager had submitted an application to the CQC to become a registered manager.

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people to feedback about the service they had received and listening to staff. People were asked to complete a survey as they were discharged; the information gathered from the survey was used to improve and develop the service. Staff attended regular staff meetings where we could see from the minutes that they had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints. A member of staff told us "If you have an idea you are encouraged to follow it through." We saw that from one staff idea a wall of photographs of famous people had been designed which helped to engage some people living with dementia in conversation.

People told us that they felt all the staff were approachable and we saw that the manager spent time each day around the Centre speaking to people. The manager had an 'open door' policy which a number of staff commented about, one said "[Name of manager] is very supportive and approachable, they have an 'open door' policy so you can speak to them whenever you need to; they come around to make sure there are no issues and keeps them up to date with things."

The provider had procedures in place which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing and safeguarding. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date. The provider had recognised the need to enhance the knowledge around the Mental Capacity Act and Deprivation of Liberty Safeguards so had extended the training programme to all staff not just management staff. Staff told us that this would help them to better understand their own roles when supporting people, specifically those who may lack capacity.

There were effective systems in place to monitor the quality of the service. The provider visited on a regular basis and undertook audits which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively and people's experience of the service was captured and acted upon.