

Mr & Mrs J van Deijl

Thornbury Villa

Inspection report

128 Peverell Park Road
Peverell
Plymouth
Devon
PL3 4NE

Tel: 01752262204

Date of inspection visit:
10 April 2017
11 April 2017

Date of publication:
18 May 2017

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

Thornbury Villa provides care and accommodation for up to 14 older people some who are living with dementia. At the time of the inspection there were 14 people living in the service.

At the last inspection, the service was rated Good overall.

At this inspection we found the service remained Good.

Why the service is rated good:

People remained safe at the service. People received their medicines as prescribed. People and staff told us there were sufficient staff to meet people's needs. Risk assessments were completed to enable people to retain their independence and receive care with minimum risk to themselves or others. One person said; "I do indeed feel safe and well looked after here."

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were well trained and competent. 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's healthcare needs were monitored by the staff and people had access to healthcare professionals according to their individual needs.

People all agreed and said the staff were very caring. We observed staff being patient and kind. There was a calm and cheerful atmosphere in the service. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs. Care and support was personalised for individuals which ensured they were able to make choices about their day to day lives. Complaints were fully investigated and responded to.

People were assisted to take part in a wide range of activities according to their individual interests. Trips out were also planned for people.

The service continued to be well led. Staff told us the registered manager, who was also the registered provider, was very approachable. The registered manager was supported by a manager who oversaw the care of the service. The registered manager sought people's views to make sure people were at the heart of any changes within the home. The registered manager had monitoring systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below.

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.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Thornbury Villa

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 was a comprehensive inspection; it took place on the 10 and 11 April 2017 and was unannounced on day one.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider information return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR 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 inspection we met with 11 people who lived at the service. We were supported by the registered manager throughout the inspection. We also spoke with five relatives, one healthcare professional and five members of staff.

We looked at a number of records relating to people's care and the running of the home. This included four care and support plans, four staff personnel files, records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continues to provide safe care.

People felt safe living in the service and with the staff who supported them. People were comfortable and relaxed with the staff who supported them. One person said; "I really do feel safe." Relatives told us they believed their loved ones were safe living at the service. A relative told us; "Oh yes, definitely safe. I really believe he is safe here!"

People received their prescribed medicines safely from staff who had completed medicine training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed additional medicines for pain relief on an 'as required' basis. There were instructions to show when these medicines should be offered to people. These were only administered in accordance with the instructions in place.

People's risks of abuse was reduced because there were suitable recruitment and selection processes for new staff. Checks were carried out to make sure new staff were safe to work with vulnerable adults. Staff were only allowed to start work when satisfactory checks and employment references had been obtained. To minimise the risk further for people, all staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered provider or management team and were confident that action would be taken to protect people.

There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time chatting and enjoying each other's company. Some people liked to stay in their room. One person said; "They (staff) always check on me." Staff said additional staff were made available if required to help people with appointments for example medical visits.

People had risk assessments completed to make sure people received safe care and to promote their independence. Where people had been assessed as being at high risk of falls, assessments showed the equipment provided to promote people's independence when moving around the home. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and emergency services in the event of a fire.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. Gloves and aprons were readily available around the service.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by well trained staff. Staff said they had plenty of training and in subjects relevant to the needs of people who lived at the home, for example manual handling. New staff were supported to gain the Care Certificate (A nationally recognised set of skills training). Staff received regular support and supervision to ensure they met people's needs effectively. Staff meetings were held regularly and staff handovers and informal support was provided on a daily basis. Staff were positive and happy in their jobs.

People had their health monitored to make sure they were seen by healthcare professionals to meet their specific needs as required. For example, some people were currently receiving care from the district nurse team for change of dressings. District nursing services provided positive feedback about the service and said management and staff made prompt and appropriate referrals as well as being good at following advice and guidance provided. A service received written feedback from a visiting doctor which said; "The assessment was helped greatly by the excellent one page "medical profile" that the home had complied."

People said they were able to make meal choices. Menus were displayed showing at least two choices per day. Where there were concerns about a person's hydration or nutrition needs people had food and fluid charts completed and meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. One person said; "I have put on weight- and it's brilliant!"

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People continued to have their capacity assessed to consider whether they were able to consent to their care and treatment in line with the MCA and DoLS as required. Best interest decisions were clearly recorded. The provider had a policy and procedure to support people in this area. The registered provider or manager had liaised with appropriate professionals and made DoLS applications for people who required this level of support to keep them safe.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Visiting relatives told us they had been involved in a decision about their relatives care. This showed the registered provider was following the legislation to make sure people's legal rights were protected.

People lived in a service that continued to be well maintained.

Is the service caring?

Our findings

The home continued to provide a caring service for people. People were supported by staff who knew them and their needs well. There was a stable and caring staff group, many of whom had worked for the provider for a number of years. People said they were well cared for. We observed the staff taking time to assist people with their personal care. Staff were attentive and prompt to respond to people. For example if people became upset, staff provided prompt caring support. People who needed support with personal care received this from staff quietly who took them to a bathroom where they could assist them in private. The PIR recorded; "Continue to reaffirm with staff the importance of delivering a service that is transparent and caring."

People told us staff were always kind, caring and respectful. One person said; "I add thankfulness to my prayers for such a lovely home." A relative said; "Dad couldn't be happier here." Another said; "I'm very happy with the care my relative receives. I wish I could stay here as well!" We saw that people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff respected people's need for privacy and quiet time.

People and relatives told us people's privacy and dignity was respected. Staff knocked on people's doors. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence at all times.

People were supported to express their views whenever possible and involved in decisions about their care and support. Staff were able to communicate effectively with everyone. This ensured they were involved in any discussions and decisions. Staff supporting people were observed to be interacting well.

People or their family/representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Family members said they were involved with their relatives care. One relative said; "They were asked for full details when their relative had been admitted.

People's end of life wishes were documented to inform staff when required. Staff showed concern for people's wellbeing. Staff explained how they had noticed changes and signs when people's health deteriorated. They had liaised with doctors, district nurses and families over the care each person needed. A visiting health care professional said how the staff always made contact with them to update them on a person's health and assisted them when they visited. This visiting professional went on to say that this was one of the best homes they visited and they would be very happy for a relative of theirs to live at the service.

Is the service responsive?

Our findings

The service continued to be responsive. People were supported by staff who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the service. Information received from either the local hospital or previous placement was included in pre-admission assessments. Each person had a care plan that explained clearly all aspects of their support needs. The plans had been drawn up with each person as far as they were able. The provider told us in their PIR when people moved into the service that "We carry out an in-depth pre-admission care assessment."

People's care plans were personalised to each individual, contained information to assist staff to provide care and in a manner that respected people's wishes. Each care plan included a summary giving an easy to read overview for any new staff to help them get to know people quickly and understand their needs. Care plans included photographs and clear instructions for staff on specific tasks to ensure they provided support that met each person's individual needs. Staff had a good knowledge about each person including people's likes and dislikes. We observed staff responded to people and supported them throughout our visit. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard.

People told us their individual needs were met. One person said; "They come and help me with my bath when I want one." A relative told us how the service had responded to their relative needing a different type of bed and chair. This person told us how happy they were with the bed and chair provided.

People took part in a variety of activities. Outside entertainers were brought into the service. On day two of our visit a coach trip had been arranged to visit a local area. People told us about a cookery session and Easter bonnet making session.

The provider had a complaints procedure displayed in the service for people and visitors to access. People said they would talk to the registered manager or other staff who they named if they were not happy with their care or support. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service.

Is the service well-led?

Our findings

The service continued to be well-led. There was a registered manager in post. 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. The registered manager is also the registered provider. There was a manager employed to oversee the daily running of the service.

Before this inspection the provider completed a Provider Information Return (PIR) which gave us good information on all aspects of the service. They told us "We will continue to commit ourselves to providing a service that is up-to-date, responsive, effective and personalised, reviewed and audited, maintaining a non-institutional care environment. The owners and managers drive forward our commitment by adopting advice, support and training to enable us to improve and become ever more effective in our service provision." During our inspection we heard from staff and relatives about how this was achieved.

The quality of the service continued to be monitored. The registered manager was visible in the service. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the registered provider to plan improvements. The registered manager sought people's views to make sure people were at the heart of any changes within the home. For example a recent upgrade was the result of a survey audit. For example people requested a lighter lounge area. This was actioned with a new large skylight put in place. The registered manager continued to complete audits on aspects of the service and ensured lessons were learnt. Staff knew the outcome of these and practice changed accordingly.

People told us the management in the service were always approachable. One person said; "They are great and I often see them for a chat." The registered manager was well respected by people, staff and relatives and keen to make improvements where necessary. The registered manager updated their practice with regular training. The PIR recorded; "We are engaging in the new Plymouth Health and Wellbeing Champions Initiative and welcome an opportunity to exchange views on best practice."

When the registered manager was not available there was an on call system available between the management team. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager and the manager.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.