

Thurlestone Court Limited

Thurlestone House

Inspection report

Thurlestone
Kingsbridge
Devon
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Tel: 01548560737

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Thurlestone House provides accommodation and personal care for up to 26 older people who may be living with a dementia. At the time of our inspection there were 23 people living at the home. This inspection took place on the 3 and 8 June 2016 and was unannounced. The inspection team consisted of two adult social care inspectors. The service was previously inspected on the 16 and 17 April 2015, when we found the provider had not ensured that medicines were administered safely; risk assessments were not always updated or reflected people current level of risk, and people and staff were being put at risk due to poor infection control procedures. At this inspection, we found that although some improvements had been made in relation to infection control procedures and involving people in the care they received, some areas were still of concern.

Care plans and risk assessments reviews were taking place monthly but had not identified the lack of clear information or instruction for staff in how to meet people's needs. The processes in place to manage medicines had not always ensured people received their medicines when they required them and as prescribed.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medicines were not managed safely. Some people did not get their medicines when they needed them and some prescribed medicine was not in stock. People's medicine administration records (MARs) were not accurately completed. Staff did not have information about when they should give variable dose medicines. Staff did not always administer medicines safely. Where specific medicines needed additional monitoring, staff did not always ensure best practice was followed. Staff were applying medicated creams to people which did not correspond to the creams they had been prescribed. There was a safe system in place to monitor the receipt of medicines held by the home. Medicines were disposed of safely when they were no longer required. The service had appropriate arrangements in place to dispose of unused medicines, which were returned to the pharmacy for disposal.

Risk assessments were not always up to date or did not always reflect changes to people's needs. For example, one person's falls risk assessment stated they had not fallen for at least 3 months. However, this person's care records indicated they had fallen 3 days prior to the risk assessment being reviewed. In general, accidents and incidents were recorded. However, some incidents relating to people's behaviour were not recorded and therefore were not included in the review of accidents and incidents. This meant the reviewer would not be able to identify any themes and take any necessary action.

People's individual needs were not always assessed, planned for or delivered. Where people had specific needs relating to their dementia or the behaviours they displayed, guidance had not been provided for staff

to ensure they met each person's individual needs. Whilst people's care plans were personalised they lacked clear guidance for staff to follow to ensure each person's needs were met in an individualised and consistent way. People's dignity was not always being maintained. We have recommended the provider seeks further advice and training to ensure that where people can't protect their own dignity, staff take appropriate action.

At our previous inspection, we identified that the provider did not have adequate infection control arrangements for managing laundry. We found significant improvements had been made during this inspection. We saw that the laundry room had been completely redecorated and was clean and clear from the build-up of excessive laundry waiting to be washed. There was a clear system for the separation of clean and contaminated laundry. Following our last inspection, the provider had introduced a new quality auditing system. Although some systems were working well others had not identified concerns we found during this inspection.

The management and staff structure provided clear lines of accountability and responsibility. Staff knew who they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people health or care needs to staff coming on duty, however these meetings had not effectively supported the sharing of information.

The registered manager had not always notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities.

People said they felt "safe and secure," one person told us "I do feel safe and very secure here," another person told us "I do feel safe it's my home. One relative told us "I'm confident that people are safe" and another relative said, "I have no concerns about my relative safety. Health care professionals told us people were safe: one said, "people are safe and looked after here" and another said they would be happy for their relative to live at the home. People and relatives told us there were sufficient staff on duty to meet their needs. One person said, "all you have to do is press that button if you need anything and someone will come and help." Another person told us "you don't have to wait long if you need someone." People, their relatives and health care professionals were positive about the quality of the care provided and told us that staff understood people's needs and knew how to meet them.

Staff had received training and demonstrated a clear understanding of the principles of the Mental Capacity Act 2005 (MCA) in their practice. Although the registered manager did not have a clear understanding of the Deprivation of Liberty safeguards (DoLS). We have recommended the provider seek further advice and training in relation to Deprivation of Liberty Safeguards.

People were able to choose where they had their meals and we saw on both days of inspection that people were able to have their meals in the dining room, their bedrooms and in the conservatory if they wished. Meals looked appetising and were served in dishes on each table, which allowed people to choose which vegetables they wanted. People were able to have snacks and drinks when they wanted. People told us that the "food was very nice," "I enjoy the food here," and "There's always plenty to eat." One relative told us "there always plenty for people eat, they have good quality fresh food."

Throughout our inspection, there was a relaxed and friendly atmosphere within the home. Staff spoke affectionately about people with kindness and compassion. Staff told us "I love working here, I really enjoy it." People and relatives told us they were involved in making decisions about their care and staff continually asked how they would like to be supported. People felt their views were listened to and respected. We saw from people's care records their views had been sought as their needs had changed. People had access to a range of activities to suit their abilities and preferences. We saw a range of activities were available and

readily advertised for people including church services, exercise, hairdressing, crafts, games and quizzes. Throughout the home we saw a range of dementia friendly sensory cushions that people could pick up and interact with, which had different textures to stimulate their senses.

People told us they knew how to raise concerns and felt sure their concerns would be dealt with. We saw the homes complaint procedure clearly informed people how and who to make a complaint to and gave people guidance along with contact numbers for people they could call if they were unhappy. People who used the service told us they were encouraged to share their views and were able to speak to the manager when they needed to.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People's medicines were not managed safely. The processes in place to manage medicines had failed to ensure people received their medicines when they required them and as prescribed by their doctor.

Risks to people's safety did not always reflect the person's current level of risk.

People said they felt safe and there were sufficient numbers of skilled staff on duty to meet people's needs.

People were protected by robust recruitment procedures and appropriate checks were undertaken before staff started work

Is the service effective?

Good 

The service was effective.

People were supported by staff who were knowledgeable about people's care and support needs.

Staff received regular training to carry out their roles and received regular support and supervision.

People's health care needs were monitored and referrals made when necessary.

People were able to choose their food and drink and were supported to maintain a balanced healthy diet.

People were supported to make decisions about their care by staff that had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, not all the records we saw were clear or contained the same level of detail.

Is the service caring?

Good 

The service was caring.

People received person-centred care from staff who treated people with dignity, respect and compassion.

People were supported by staff who were knowledgeable about their needs, likes, interests and preferences.

People were supported to make choices and decisions about the care and support they received.

Is the service responsive?

The service was not always responsive.

People did not always have their dignity maintained.

Assessments were undertaken to identify people's needs, however care plans did not always reflect in detail how this care was to be provided or had been accurately updated in accordance with peoples changing needs.

People were encouraged to take part in activities that interested them and were protected from social isolation whenever possible.

People were supported to raise concerns or complaints and people were confident that the registered manager would act upon them.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The registered manager had not ensured CQC had been told about incidents that affected people living at the service in line with their legal responsibilities.

Records were not all well maintained.

A number of issues requiring improvement had not been identified by provider's quality assurance process.

People told us the registered manager was approachable and listen to them.

The culture of the service was open and positive, people and staff felt able to share ideas or concerns with the registered manager.

Requires Improvement ●

Thurlestone House

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 the 3 and 8 June 2016 and was unannounced on the first day of inspection. The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law. During the inspection, we spoke and met with most people who used the service. We looked at the care of nine people in detail to check they were receiving their care as planned. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us, but we did use the principles of this framework to undertake a number of observations throughout the inspection.

We looked at records including three staff recruitment files, training records, staff duty rotas, meeting minutes, medication records, care plans, quality assurance records, and the service's policies and procedures. We spoke with five members of staff, the registered manager, one senior manager and the company director. We looked around the service and grounds which included some bedrooms (with people's permission). We also spoke with three relatives of people currently supported by the service. Following the inspection, we sought and received feedback from three health and social care professionals who had regular contact with the service.

Is the service safe?

Our findings

At our previous inspection, which took place in April 2015, we identified a number of areas where people's safety had not been ensured. At this inspection, although we found some improvements had been made, further improvements were needed.

People's medicines were not managed safely. One person was prescribed a specific medicine to manage their pain, to be taken every day. During the afternoon, on the first day of our inspection, we observed this person complaining of pain. We saw that staff did not offer this person any pain relief, we spoke with staff who told us that the person had been prescribed medicine for pain relief, but they often refused. When we checked the tablets this person had in stock, we found they did not have any of their medicine available. We asked staff about this who told us "they're on order." When we looked at their medication administration record (MAR) we saw staff had signed in advance, on the day of our inspection, to say this person had refused their medicine. This person had not been offered their afternoon or their evening dose but this had been recorded as refused. We raised this with the registered manager who was unable to offer an explanation as to how this had happened. The registered manager told us they were unaware this person's medicine had run out and would order it as matter of priority. This person's medicines were not obtained until the second day of our inspection, five days later. This person was left in unnecessary pain, as they did not have their medicines as prescribed by their doctor. Staff had not ensured there were sufficient numbers of this person's medicines in stock.

People's MAR charts were not accurate and therefore staff were unable to assure themselves people were receiving their medicines as prescribed. For instance, records showed that staff recorded receiving 64 tablets, and had recorded administering more than that amount. Records relating to these medications were not accurate.

Where people were prescribed medicines to be given "as needed," there was no guidance for staff as to when this should be used.

Some medicines required additional storage and these facilities were available. Medicines which required refrigeration were stored in a locked box in the kitchen fridge. However, the keys to this box were left in the lock. Staff told us that this was normal practice. This meant the home did not have a robust system in place to ensure people or unauthorised staff could not access medicines.

Staff did not always administer medicines safely; one person was receiving medication, which was legally required to be recorded in a separate record. Staff who signed these records were not always the staff who had been involved in their checking and administration. Staff were not maintaining these records in a way that met the provider's legal responsibilities. We spoke with the registered manager and staff member about what we had seen, who told us this was not the way they normally administered this type of medicine. The registered manager assured us they would speak to all staff who were responsible for administering medicines to ensure that they followed the correct procedures.

People's medicated creams had not always been dated when opened, so it was not possible to tell if they were still in date. Each person had clear guidance and body maps indicating which creams should be used, when and where. Staff were applying medicated creams to people which did not correspond to the ones they had been prescribed. For example, one person had been prescribed Diprobase and the staff had been applying Dermal. We spoke with staff about this who told us the cream must have been changed but were unable to tell us why or when. Another person had been prescribed Doublebase cream with directions to use as required; we spoke with staff who told us no creams had been prescribed for this person. It was not possible to tell from the records if topical medicines or creams had been applied, as the records had not always been completed.

We found risk assessments were not always up to date or did not reflect changes to people's needs. For example, one person's falls risk assessment stated they had not fallen for at least 3 months. However, this person's care records indicated they had fallen 3 days prior to the risk assessment being reviewed. Another person's falls risk assessment indicated that the person had not fallen in the last twelve months. However, we identified two incidents in the months prior to our inspection when this person had fallen. We raised this with the registered manager on the first day of our inspection who told us they had been unaware of these falls and assured us that they would look into it.

Other risks such as those associated with people's behaviours had not always been identified. For example, one person's daily records showed they had been displaying aggressive behaviours towards other people. Some staff told us when this person became aggressive; they asked them to return to their bedroom. This person then sometimes went into other people's bedrooms, which could be frightening for those people and increased the risk of potential harm. Records did not contain guidance for staff on how to manage this risk.

One person was at risk of falling and action had been taken to address this. The management plan included the use of a sensor mat. Staff recorded within this person's care plan that the sensor mat had not been working intermittently, leaving this person at risk of falling. On one occasion staff recorded they had placed a chair up against this person's bed and continued checks throughout the night. We raised this with the registered manager who told us, staff had reported the sensor mat was not working and thought it had been fixed within two days.

In general, accidents and incidents were recorded. However, some incidents relating to people's behaviour were not recorded and therefore were not included in the review of accidents and incidents. This meant the reviewer would not be able to identify any themes and take any necessary action.

This was a breach of regulation 12 (1) (2) (a) (b) (g) (f) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Other risks were managed well. Each person had detailed risk assessments, which covered a range of issues in relation to people's needs. For example, risks associated with skin breakdown, malnutrition and mobility. These risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or at an increased risk, as well as action staff should take in order to minimise these risks. People's records indicated their risk assessments were being reviewed regularly.

There was a safe system in place to monitor the receipt of medicines held by the home. Medicines were disposed of safely when they were no longer required. The service had appropriate arrangements in place to dispose of unused medicines, which were returned to the pharmacy for disposal. Medication administration records contained a picture of the person, their room number, and details of people's allergies. We observed people being given their medicines. People were given the time and encouragement to take their medicines

at their pace. Staff stayed with people to ensure they had taken their medicine before completing the MARs. Staff told us they understood how the system for the safe administration and recording of medicines worked and that they had received appropriate training. Since the previous inspection, the provider had introduced formal competency assessments for staff administering medicines.

People told us they knew how to raise concerns and felt able to report any concerns to the staff and registered manager. Where the home had received concerns, we saw that these had been dealt with in line with their policy and procedure. Staff told us they felt comfortable and confident in raising concerns and knew which external agencies should be contacted should they need to do so. Staff had received safeguarding training, the home had up to date safeguarding, and whistleblowing policies that detailed the action staff should take should they suspect someone is at risk of abuse. The reporting procedures were displayed within the main office. However, we identified incidents had not always been notified appropriately. For example, staff had documented in one person's records an incident where they had hit another person living at the home. We asked the registered manager why these incidents had not been reported to the local safeguarding team in accordance with the home's policy and procedures. The registered manager told us that they were unaware of the incident that had been recorded.

We spent time talking to people and their relatives, people said that they felt "safe and secure" one person told us "I do feel safe and very secure here," another person told us "I do feel safe it's my home. One relative told us "I'm confident that people are safe" and another relative said "I have no concerns about (person's name) safety. One health care professional told us "people are safe and looked after here." Another said that they would be happy for their relative to live at the home. We saw people were happy to be in the company of staff and were relaxed when staff were present.

At our previous inspection on the 16 and 17 April 2015, we identified that the provider did not have adequate infection control arrangements for managing laundry. At this inspection, we found significant improvements had been made. The laundry room had been completely redecorated and was clean and clear from the build-up of excessive laundry waiting to be washed. The registered manager demonstrated they had a clear system for the separation of clean and contaminated laundry. Staff told us they had good access to aprons and gloves and we saw staff change these frequently. Staff had completed training in infection control and the registered manager had introduced an infection control audit, which covered all aspects of the home. This meant people were protected from the risk of cross infection as the service had good systems in place to manage infection control and promote good hygiene.

People and relatives told us there were sufficient staff on duty to meet their needs. One person said, "all you have to do is press that button if you need anything and someone will come and help." Another person told us "you don't have to wait long if you need someone." One relative told us "from what I see staff are always very attentive to people's needs" and another said, "I have no concerns about the staffing levels at all." Throughout the inspection, we saw that people using the main lounge received assistance when they need it and staff quickly responded to people's call bells. The registered manager told us they ensured there were sufficient numbers of staff on duty to keep people safe and meet their needs. They did not use a specific tool to determine what levels of staffing were needed, they used their own judgment based on people's needs and adjusted the rota accordingly. During the inspection, staff told us there was enough staff to support people during the day but felt they struggled to meet people's needs in the evening. We fed this back to the registered manager and director at the time of our inspection who said that they had also identified this and would make adjustments.

Staff recruitment procedures were robust and records demonstrated the registered manager had carried out checks to help ensure that staff employed were suitable to work with people. These included checks on

staff's previous employment history and their identity, obtaining references, carrying out Disclosure, and barring checks (police checks).

Each person had a personal emergency evacuation plan (PEEPs) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

The registered manager had clear systems in place to regularly review the safety of the service by carrying out a series of audits. These included gas safety checks, fire, legionella, care plans, and infection control.

Is the service effective?

Our findings

People, their relatives and health care professionals were positive about the quality of the care provided and told us that staff understood people's needs and knew how to meet them. People told us they had confidence in staff. One person told us "they all know me very well." Relatives comments included "staff seem very knowledgeable," "I know they have training" and they "look after people very well I have no concerns." Health care professionals told us the staff always seek advice appropriately and when I come in staff seem to know people well." another said everyone is happy and well cared for they don't tend to miss much. People had access to a range of health care services and had regular contact with dentists, opticians, chiropodists, district nurses and GPs. People's care plans included details of their appointments with health care professionals. The registered manager told us people had regular reviews with their GPs, and they were able to refer people to the community mental health teams if they needed further guidance or support.

One member of staff told us they received training regularly and the registered manager was always available if they needed advice or support. The service had recently signed up to a new programme entitled 'The Butterfly Project'. The registered manager told us this was about creating an environment for people living with dementia, which was homely, engaging, and person centred. One member of staff told us the provider had committed to adopt the principles of the Butterfly Project and they had been asked to undertake a diploma in dementia care to support and lead this new and exciting project.

The homes training matrix and individual staff training records showed staff had undertaken a comprehensive induction process. Staff received regular training in various topics including, dementia care, safe medication practices, first aid, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), infection control, pressure area care, moving and handling, nutrition, palliative care, and safeguarding adults. We saw the home had developed training files on individual topics, which staff used to help ensure they kept their skills up to date between training sessions. Staff received regular supervisions and annual appraisals. Supervision gave staff the opportunity to discuss all aspects of their role as well as the opportunity to discuss their professional development. The registered manager assessed staff's knowledge by observing staff practices and recording what they found. Records contained information on what had been observed, what the staff member did well, what had not gone so well and any action that needed to be taken to address any concerns. Staff told us they found this style of supervision very useful and gave them the opportunity to discuss and identify any gaps in their knowledge. Another member of staff told us they liked the introduction of new group supervisions, where staff shared ideas and good practice especially in relation to the positive changes in the home, which supported people to live well with dementia.

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.

Most people who lived in Thurlestone House were living with dementia, which affected their ability to make some decisions. Staff had received training and demonstrated a clear understanding of the principles of the MCA in their practice. People told us they were involved in all aspects of their care and support, attended regular review meetings and had access to their records. We saw staff sought people's consent throughout our inspection and made every effort to help people make choices and decisions. 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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, only one person being supported by the service was subject to a DoLS application, records indicated when this should be reviewed. However, not all the records we saw were clear or contained the same level of detail. The records for one person indicated they had capacity to make decisions but the registered manager had applied for a DoLS in relation to this person not being able to understand the risks when leaving the building. We asked the registered manager about this who explained that although the person had capacity to make decision they did not understand the risks when leaving the building alone.

We recommend the registered manager seek guidance in relation to Deprivation of Liberty Safeguards.

People told us they enjoyed the meals provided by the home. Their comments included, "the food was very nice," "I enjoy the food here," and "There's always plenty to eat." One relative told us "there's always plenty for people eat, they have good quality fresh food." Another relative said, "there is a good variety and choice available". People were able to choose where they had their meals and we saw people were able to have their meals in the dining room, their bedrooms and in the conservatory if they wished. Meals looked appetising and were served in dishes on each table, which allowed people to choose the vegetables they wanted. Those people, who did not wish to have the main meal, could choose alternative meals. It was clear that meal times were a social occasion, enjoyed by all as we heard people laughing and chatting. Throughout the inspection, we observed staff offering people choices during meal times and tea, coffee, and soft drinks were freely available. People were able to have snacks and drinks when they wanted and we saw people were being offered plenty to drink. No one currently living at the home required specialist diet however, two people had requested that their meals were prepared in a particular way in accordance with their preferences and we saw that this was happening. The registered manager told us of their plans to introduce a drinks station where people would be able to help themselves freely.

Is the service caring?

Our findings

People told us they were happy living at the home. One person said, "I'm happy living here, I have a lovely room with a beautiful view of the garden" and "everybody's really kind." Another person told us "if you ask them to do something you can depend on them to do it for you which really matters when you can't do things for yourself." People were relaxed in the company of staff and it was apparent that staff were responsive to people's individual needs.

People told us staff were respectful of their need for space and privacy. Some people preferred to spend time alone or with family and friends. Staff were mindful of this and ensured they did not intrude at these times. During the inspection, we saw staff maintaining people's privacy and people were treated with respect. Staff knocked on people's doors and waiting before entering and when staff needed to speak with people about sensitive issues this was done in a way that protected their privacy and confidentiality. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them.

Throughout our inspection, there was a relaxed and friendly atmosphere within the home. Staff spoke affectionately about people with kindness and compassion. Staff told us "I love working here, I really enjoy it." Another staff member told us "I love being able to give something back". Relatives told us "the staff and manager are marvellous," "they do an amazing job caring for people and "The staff are a lovely bunch." Health care professionals spoke very highly of the home, staff and registered manager. One health care professional commented that if they were looking for a home they would be happy for their relative to live at Thurlestone House.

People and relatives told us they were involved in making decisions about their care and said staff continually asked how they would like to be supported. People felt their views were listened to and respected. We saw from people's care records their views had been sought as their needs had changed. Throughout the inspection, we saw staff offering choice and responding to people's wishes. Staff told us how they encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences. We saw many positive interactions during the two days of our inspection. For example, we saw staff assisting people into the main lounge; staff explained what they were doing and the reason for it, which gave people reassurance. They asked people where they would like to sit and checked they had everything they needed before they left. People who were able to tell us about their experiences were positive about the care and support they received from staff. One person told us staff always asked them what they wanted to wear or what they would like to eat or drink. Another person told us they choose what they wanted to do each day and if they did not want to join in, they didn't have to.

People were keen to tell us they were able to furnish their rooms with things they wanted and which were meaningful to them, for example family photographs, ornaments and furniture. The home was a very busy and vibrant place with plenty of visitors and many positive interactions. People told us their families could visit at any time and were able to have lunch with them if they wished. A visitor told us they could "visit at any time and there were no restrictions, the staff were always very welcoming and friendly." We saw staff

greeting visitors in a friendly way which made them feel welcome and it was clear the staff had developed positive relationships with people's families, which created a homely atmosphere. There appeared to be a real bond between staff and people; which was obvious by the way in which people laughed and joked.

Is the service responsive?

Our findings

People's individual needs were not always assessed, planned for or delivered. Where people had specific needs relating to living with dementia or their behaviours, guidance had not been provided for staff to ensure they met each person's individual needs. For example, one person was known to become distressed and verbally aggressive. The home had not sought any guidance from professionals and there was no plan for staff to follow in order to minimise this person's distress or the risk of this person displaying these behaviours. No triggers had been identified to help staff avoid incidents; there was no information about how these behaviours were demonstrated or what staff should do to support this person in those circumstances. This meant there were no guidelines for staff to follow in order to meet this person's specific needs, support their well-being and avoid them suffering from distress. Some staff members described to us how they would best support this person during these times but told us this information was only shared verbally. This meant should agency staff be used in the home, or should a new member of staff be employed, there were no procedures for them to follow to best support this person.

We looked at the care plan for one person who required regular medicine to manage a long-term health condition. There was no information specifically relating to the management of their health condition. Their care plan did not contain guidance as to how staff should monitor and support this person or how to recognise any symptoms should the person become unwell. Whilst people's care plans were personalised they contained basic information and lacked guidance or instruction for staff who might be unfamiliar with the person in how to meet their individual needs. For example, one person's care plan said, "I have staff to assist me to wash and dress." However, there was no indication of how many staff were needed, what support they needed or what this person was able to do for themselves to maintain their independence.

Where people's needs had changed, people's care plans had not always been updated to reflect these. For example, one person's mobility needs had changed but their care plan did not reflect this. Their care plan stated they mobilised with the help of two members of staff, and required a hoist and a stand aid for transferring. The registered manager told us this person had been assessed as being able to walk with a frame and had a sensor mat in their bedroom to alert staff to their movements and to reduce their risk of falling. One staff member told us that the sensor mat had only been working intermittently, another staff member told us this person did not have a sensor mat in their bedroom even though we saw that they did.

This was a breach of regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's dignity was not always being maintained at Thurlestone House. One person, who was unable to maintain their own dignity, had been displaying behaviours, which significantly compromised their dignity on a regular basis. Although this behaviour was being recorded, no advice was sought from professionals and no management plan was put in place for staff to minimise the risks to this person's dignity or the effect this might have on others. On the first day of our inspection, this person's dignity was significantly compromised in the presence of one healthcare professional, both care quality commission (CQC) inspectors and four people who were sitting in the living room. During this, staff did not act in a timely or

responsive manner to maintain this person's dignity or ensure other people were not affected by the incident. The registered manager had taken positive steps to address the suitability of this person's placement. They had not developed any strategies or provided guidance for staff on how to support this person to maintain their dignity on a daily basis.

We recommend the provider seeks further advice and training to ensure that were people can't protect their own dignity; staff take action to do this for them where possible.

People told us they were involved in their care planning and reviews and asked how they felt about the care they received. People's likes, dislikes and personal preferences had been obtained and these were used in creating their plan of care. For example, one person's care plan clearly demonstrated their views and opinions had been sought during their recent care review. Another person's care plan stated their preferred routine was to be assisted with their personal care after 10am as they liked to have a sleep after breakfast. We saw staff respected this during our inspection. Relatives confirmed they had been involved in developing their relations' care plans and felt their views were listen to.

People had access to a range of activities to suit their abilities and preferences. People spoke positively about activities at the home and said they had the opportunity to join in if they wanted. People were supported to follow their interests and take part in social activities. People had their faith needs met. People were able to attend church services when they wished and the local vicar visited the home to provide communion for people who were unable to attend the local church. We saw a range of activities were available and readily advertised for people including church services, exercise, hairdressing, crafts, games and quizzes. Throughout the home we saw a range of dementia friendly sensory cushions that people could pick up and interact with, which had different textures to stimulate their senses. The registered manager told us they would be purchasing more of these aids as they had been so impressed with the impact they had on people's wellbeing. People told us they regularly went out with family members and the home provided trips out to local places of interest. We saw that people who wished to stay in their rooms were regularly supported by staff in order to avoid them becoming isolated.

People told us they were happy and knew how to raise concerns they had with the staff or registered manager and felt sure their concerns would be dealt with. People's comments included "I would speak to the manager or I can speak to staff." Relatives were aware that they could raise concerns with the registered manager if they needed to do so. One relative told us they felt "comfortable speaking to the manager" and were confident they would listen and deal with any concerns. We saw the home's complaint procedure was displayed in the main hallway and lounge. This clearly informed people how and who to make a complaint to and gave people guidance along with contact numbers for people they could call if they were unhappy. We reviewed the homes compliant file and saw that were people had raised concerns these been investigated in line with their policy and procedures.

Is the service well-led?

Our findings

We previously inspected this service on the 16 and 17 April 2015, when we found a number of improvements were required. The provider had not ensured that medicines were administered safely; risk assessments were not always updated or reflected people's current level of risk and people and staff were being put at risk due to poor infection control procedures. At this inspection, we looked to see what action had been taken. We found sufficient improvements had not been made.

Following our last inspection, the provider had introduced a new quality auditing system. This involved completing checks and audits to ensure the care provided at the home was safe for people. Although some systems were working well others had not identified concerns we found during this inspection. The audit system had not identified that records were not always well maintained or that people's care plans contained a number of contradictions. Care plan reviews were taking place monthly but these had not identified that these lacked clear information and instruction for staff on how to meet some people's needs or that some did not contain specific instruction for staff in relation to people's health conditions. People's daily notes and risk assessments had been reviewed but these reviews had failed to identify changes in people's needs such as when people had fallen. Accidents and incidents were recorded in an accident book, which was regularly reviewed for patterns and trends. However, a number of significant incidents were not being recorded. This meant the reviewer would not be able to identify any themes and take any necessary action.

Quality assurance systems in place had failed to ensure people's medicines were managed safely. Although there were checks and medicine audits in place, staff had not identified that people's medicine stocks levels did not tally with the numbers of medicines recorded on their medicine administration records. Where the quality assurance system had identified some concerns relating to the safety of the service provided, staff had not taken action to rectify these. For example, a medicine audit had been carried out in March 2016 and had identified some issues in relation to the inaccurate documentation of MARs. We saw from the April 2016 medication audit that this had not improved.

Where concerns had been identified by outside agencies, such as the CQC, the provider had failed to take action to ensure the care provided was safe. For example, at the end of our first day of inspection we raised a number of concerns with some members of the management team. These included one person being at risk of falls and the service not having any management plan to respond to this and one person did not have any of their pain relieving medicine in stock. When we returned for our second day of inspection, five days later, the person at risk of falls had not been reviewed or had any changes made to their care plan, and staff had only obtained the other person's medicine that morning.

This was a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not always notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. This included the notification of pressure ulcers and

safeguarding concerns.

This was a breach of regulation 18 of the Care Quality Commission (registration) Regulation 2009.

The management and staff structure provided clear lines of accountability and responsibility. Staff knew whom they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people health or care needs to staff coming on duty through handover meetings. However, these meeting had not effectively supported the sharing for information. Staff meetings were held regularly, staff told us that they were able to share ideas and express any concerns. We saw copies of the minutes from these meeting were freely available to staff who were unable to attend.

The registered manager had been in post for several years and knew people living at the home well. They told us they were supported by the service's senior management team with whom they met with regularly. These meetings were used as an opportunity for the managers to sit down, discuss all aspect of their individual service and address any concerns. For example, staffing levels, recruitment, specific issues relating to people's care needs, health and safety, new policies and procedures and best practice. The registered manager told us how they found these meetings very useful and a great opportunity for peer support. The registered manager told us the senior management team provided one to one supervision, monitored their practice and offered advice and guidance when needed. In addition, the company employed an independent consultant who provided specialist advice in to relation human resources, management support and undertook and facilitated feedback from people who use the service and their relatives.

People told us the registered manager was always available should they need to speak to them. The registered manager and staff had a clear understanding of the vision for the service. The staff described a culture of openness and transparency where people and staff, were able to provide feedback and raise concerns. Staff and relatives described the registered manager as very open, honest, caring, and approachable. Relatives told us they were very visible within in the home and had an excellent working knowledge of people who lived and worked there.

A senior manager of the company carried out unannounced spot checks and audits of the service. These included monitoring people food and fluid intake, pressure area care and medication. These were used to identify any areas of concern and plan on-going improvements. Where issues or concerns had been identified, the senior manager produced an action plan with timescales for improvements to be made. However, we found that these spot checks had not identified the issues we found that required improvement and had not been effective in improving practice.

People who used the service told us they were encouraged to share their views and were able to speak to the registered manager when they needed to. The registered manager told us they encouraged people and their relatives to provide feedback about the care and support they received. We saw that the home employed the services of an external company to seek the views of people and their relatives about their experience of the services they received. A random sample was completed on a monthly basis the result collated and returned to the provider and manager for review. We reviewed the most recent report and found that the responses of the people surveyed were positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager had not notified the CQC of significant events in line with their legal responsibilities.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always being well maintained. Quality audit systems were not robust Regulation 17 (1) (2) (a) (b).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected by the safe management of medicines. Risks to people's safety were not always assessed or properly mitigated. Risk assessments were not always updated, reviewed or reflective of people's individual needs. Regulation 12 (1) (2) (a)(b) (g)(f)

The enforcement action we took:

Issued a Warning notice