Care Quality Commission

Strong Life Care Limited

Thornhill House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place over two days on 10 and 16 March 2015. The inspection was unannounced. An unannounced inspection is where we visit the service without telling the registered person we are visiting.

Thornhill House is a residential care home registered to accommodate 40 older people. At the time of the inspection 31 people were living at the home. Some people were being accommodated in double rooms, now being used as single rooms. Currently, the home is separated into 3 units, one for people requiring rehabilitation, with the intention of returning home, one for people who have dementia and one for people with personal care needs.

A manager registered at the service on 22 October 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Since 9 July 2013 Care Quality Commission inspectors have carried out three inspections and have found multiple breaches with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At the inspection on 26 June and 1 July 2014 two breaches were identified. These were associated with the recruitment of staff and assessing and monitoring the quality of service provision.

At this inspection we found sufficient improvement had been made with the recruitment of staff.

The home did not have effective systems in place to manage medicines in a safe way and ensure there were sufficient quantities of medication available to meet people's needs.

Staff received an induction and training relevant to their role and responsibilities, but there were some gaps. Not all staff had received regular supervision, in line with the service's supervision policy, which meant there was a risk that areas for improvement may not have been identified.

The registered manager had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguard (DoLS) training, but we found that the arrangements in place for obtaining consent for decisions did not follow the principles of the Act.

Although assessments, care plans and risk assessments were in place and reviewed, we found some duplication of information and some records that were not clear in their guidance to staff about their response to meet people's individual need. There were no detailed plans to effectively support people with behaviour that challenged. We saw information in people's care files that health professionals were contacted in relation to people's health care needs, which included involvement from doctors and the community mental health team.

A complaints process was in place. We saw this process required improvement to enable verbal and written complaints to be recorded, handled and responded to effectively. Most people told us they would complain if necessary, but one person indicated that they would be reluctant to make a complaint, fearing repercussion.

When we spoke with people who used the service they all told us they felt safe. Relatives spoken with did not raise any concerns about mistreatment or inappropriate care provision of their relative. Staff had received safeguarding training and were confident the manager would act on any concerns.

We found there was a system was in place to identify the numbers of staff on duty and that in the main this was adhered to, but concerns had been raised prior to the inspection about the number of staff on duty. Feedback from people and their relatives identified staff were available most of the time when they needed them.

In the main, safe systems of work were in place to manage risks to individuals and the service, for example, fire safety and individual risk assessments, but some improvements were needed with behaviour that challenges and infection control.

There was a general consensus by people who used the service that meals were 'alright', but we found the mealtime experience could be improved for some people, for example, by providing them with drinks, appropriate cutlery and serviettes at meal times.

We observed very little interaction between people and staff, with most conversations being prompted by and based around tasks. At those times staff interactions were patient and caring in tone and language. There appeared to be a consensus of opinion that staff were 'very caring and very kind'.

People and relatives made positive comments about the staff and people told us staff treated them with dignity and respect, but the way they described personal care tasks indicated this was not carried out in the most caring way. We also observed hourly observations of some people, undertaken by staff, were displayed on the outside of their doors where members of the public could read that information.

Quality assurance systems were in place to monitor and improve the quality of service provided, but not all these had been effective in practice.

We found eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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

Some areas of the service were not safe.

Appropriate arrangements were not in place for the safe administration of medicines.

We found staffing levels were in accordance with the service's policy and met people's needs, but there was a mixed response from stakeholders about whether this was sufficient in their opinion.

There were systems in place to make sure people were protected from abuse and avoidable harm. Staff had training in safeguarding and were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

The registered person had systems in place to manage risks to people in terms of the environment, individual risks and the recruitment of staff. However, not all risks associated with the control of infection had been managed.

Is the service effective?

Requires Improvement

Some areas of the service were not effective.

There was a system in place for staff to receive an induction, training, supervision and appraisal relevant to their role, but there were gaps with some training. Staff had not received supervision in accordance with the service's supervision policy.

The principles of the Mental Capacity Act 2005 were not always followed when people did not have capacity to make decisions.

There was a general consensus that meals were 'alright', but the meal time experience could be improved by people having appropriate cutlery, drinks and serviettes at meal times.

We saw information in people's care files that health professionals were contacted in relation to people's health care needs such as doctors and the community health team. This was confirmed by the people who used the service and staff.

Is the service caring?

Requires Improvement

The service was not always caring.

People and relatives made positive comments about the staff. People told us staff treated them with dignity and respect, but the way they described personal care tasks indicated this was not carried out in the most caring way. We also observed that where some records were kept did not uphold people's dignity and respect.

Summary of findings

We observed very little interaction between people and staff, with most conversations being prompted by and based around tasks. At those times staff interactions were patient and caring in tone and language.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Although people's care records had been reviewed, people's assessments, care plans and risk assessments sometimes contained unclear information about how people's care needs were to be responded to.

The provision of activities available for people, was not always suitable to stimulate and engage them in improving their wellbeing.

The complaints record did not take account of concerns, unless they were received in writing, which meant people may feel their complaints are not being listened to and addressed and opportunities could be missed to address low level concerns and improve practice.

Is the service well-led?

Requires Improvement

Some areas of the service were not well led.

The registered person had not been consistent in maintaining compliance with regulations.

A registered manager was in post. We received mixed views from stakeholders regarding the registered managers approachability.

There were systems in place to assess and monitor the quality of service provided, but these hadn't always been effective in practice.

The service had a full range of policies and procedures available for staff.

Thornhill 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days on 10 and 16 March 2015 and was unannounced. An unannounced inspection is where we visit the service without telling the registered person we are visiting.

The inspection was carried out by an adult social care inspector, a specialist advisor who was a registered nurse 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. The expert by experience had experience of older people's care services.

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. Prior to our inspection visit we reviewed the information included in the PIR, together with other information we held about the home. This included the service's inspection history and current registration status, death notifications and other notifications the registered person is required to tell us about. We also reviewed information about safeguarding and whistleblowing we had received and other concerning information.

We contacted commissioners of the service and Healthwatch to ascertain whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

This information was used to assist with the planning of our inspection and inform our judgements about the service.

During the inspection we used a number of different methods to help us understand the experiences of people who lived in the home. We spent time observing the daily life in the home including the care and support being delivered. We spoke with ten people who used the service, three relatives, the registered manager, deputy manager and eight staff. We looked round different areas of the home such as the communal areas and three people's rooms. We looked at a range of records including seven people's care records, four people's medication administration records, three people's personal financial transaction records and two staff files. We also looked at a sample of the service's policies and procedures and audit documents, training and supervision matrixes, stakeholder surveys and service documents.

Requires Improvement

Is the service safe?

Our findings

This inspection included checking that improvements had been made with the recruitment of staff after a compliance action was issued after our inspection on 26 June and 1 July 2014. The provider sent in an action plan detailing how they were going to make improvements. We checked to see those improvements had been made and that the system in place for recruiting staff was now safe.

We reviewed the recruitment policy dated 22 August 2014 that had been updated since the last inspection. We found the policy did not refer to all the information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which meant the policy was not adequate to meet the regulations. However, when we checked two staff's recruitment records, appropriate information and documents were in place. For example, a full employment history, with a written satisfactory explanation of the reason for any gaps and satisfactory evidence of previous employment concerned with the provision of health or social care and vulnerable adults or children. The information also included identity documents. Documentary evidence of the staff member's previous qualifications and training had been obtained. There was also documentary evidence of a Disclosure and Barring Service check (DBS). A DBS is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults.

We checked that sufficient numbers of suitable staff were available to keep people safe and meet their needs.

Since the last inspection we had received concerns relating to the staffing levels within the home. The concerns included; the staff rota and staff working excessive hours, the high level of staff turnover, the lack of consistency of staff and poor staff moral, inadequate level of staffing on units and the defensive response received from the registered manager when concerns were raised.

During the inspection we spoke with people who used the service and family members about the availability of staff and received mixed views. Comments included, "there didn't use to be enough staff, but there are now," "my main concern is the turnover of staff", "response to the buzzer [call bell] is sometimes quite slow," "on the whole it is not too bad, but upstairs there is no-one for [relative] to talk to except the staff and they are at it all the time. Sometimes there is only one member of care staff on duty and they can't see to them [people] all," "it is hard for me to judge about staff numbers, but I would say that I have not heard a buzzer sounding for any length of time whilst I have been here" and "sometimes there are enough and sometimes not – it depends on what is happening, but overall it's ok".

We observed during the inspection that staff were available to meet people's needs when needed. We found that staff were visible in the lounges and entrances to the lounges quite frequently. We also noted that call bells were not sounding for any length of time.

The registered person had a system in place to identify the number of staff they needed to provide care to people and keep them safe. When we looked at this it identified two members of care staff on duty on the intermediate care and dementia unit and one member of care staff on the residential unit between 6:45am – 10:00pm. The registered manager stated there was an error on the record and it was two members of care staff on each unit to meet people's needs at those times. When we spoke with staff they confirmed two members of staff were on duty. One staff member said, "we do struggle with the staffing and turnover of staff is high".

The manager told us the dependency tool was not calculated every month and in February 2015 for two weeks staffing levels were reduced to five members of staff due to five people being in hospital. A dependency tool measures the dependency of people according to their care needs, to inform the numbers of staff available to meet those needs. This meant the manager had not formally assessed whether reducing the numbers of staff would meet people's needs in those two weeks. The registered manager added there was also the registered manager and deputy manager available Monday to Friday; when the deputy manager was not working as a member of staff on shift. The registered manager explained the service operated a three shift system and it was staff's choice whether they worked double shifts.

We looked at staff rotas for three weeks in February 2015 to verify information on the dependency tool and what the registered manager had said. We found in the main the rota confirmed what the manager had told us, in that there was

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Is the service safe?

identified six members of care staff on duty in the morning for the three weeks and that this did reduce to five and sometimes four members of care staff on an afternoon shift for two weeks.

We looked at how people's medicines were managed so that they received them safely.

Staff were patient and caring when administering medication. They were heard to ask people discreetly if they wanted medication they had been prescribed on an as and when required basis, for example, pain relief. We saw staff members sign to say people had taken their medicines, after they had taken them.

Since the last inspection concerns had been raised with the CQC about the administration of some aspects of medicines, including the administration of topical creams, self-administration of medicines, medicines administered for pain relief and missed medicines.

We looked at four people's medication administration records (MAR) and checked a sample of these against the medicines held for those people, observed staff administering medication and spoke with staff about medicines management.

We found people had a medication plan that identified how people liked to take their medication and any allergies they had. The plans included guidance for people who were administered medication 'as and when required'. Each person had a MAR, which included a photograph of the person. This meant information was available to minimise risks of people being given the wrong medication.

Discussions with the deputy manager and a member of staff about medication identified senior members of care staff were responsible for people's medicines and that they had received training and had their competency to deal with medicines assessed.

On people's MAR, we found not all medicines received into the home had been signed as received. We found some discrepancies between the records of the amount of medication identified on the MAR as being received, administered and the remaining stock. We also found one person's pain relief medication had been recorded as out of stock and had not been administered for four days.

However, records showed that the person should have had a remaining stock of medication available. The deputy manager explained the medication was not ordered as there was usually some left.

We found one medication that had been administered, but had not been verified by another member of staff, in accordance with the service's own protocols. For two topical creams we found the cream had not been applied as prescribed. In one instance there was a gap where the record indicated the cream had not been administered for one week and in another record where the cream had been administered only twice in sixteen days. The deputy manager was unable to explain the anomalies and said they would need to investigate.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (now Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

We checked the systems in place for how the service protected people from harm and abuse.

When we spoke with people who used the service they all told us they felt 'safe'. No visiting relatives raised any concerns about mistreatment or inappropriate care provision of their relative. Comments included, "I have no worries at all about the treatment from the staff", "I've no concerns about the treatment of people" and "I'm ok. I don't fall out with the staff like some others do. Sometimes the residents shout and swear at the staff, and the staff shout back, but they never swear at them".

The registered person had a system in place to respond to and record safeguarding vulnerable adults concerns. We saw a copy of the local authority safeguarding adult's protocols and the registered manager told us relevant staff followed them to safeguard people from harm. Notifications we received from the service about allegations of abuse, told us those systems were followed in practice.

Staff received training in safeguarding vulnerable adults. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues and they were confident the manager would take any concerns seriously and report them to relevant bodies.

We checked the systems in place for safeguarding people's money. The service had a policy and procedure in relation

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to supporting people who used the service with their personal finances. The service managed the money of some people. We looked at the records of three of those people. We found a record of money paid into or out of their account and that in the main receipts were available to verify money that had been spent. The record was not always signed by a second person to verify each financial transaction as identified in the service's financial policy. The service's own audit of the financial system had identified this, but the actions taken to make improvements had not been effective in practice.

We checked the systems in place for how the service managed risks to individuals and the service to ensure people and others were safe. We found systems were in place to manage risk to individuals and the service. For example, a fire risk assessment was in place, together with all associated checks with fire maintenance. Checks were also in place of other risks associated with service provision such as, gas, electric, equipment and legionella. Appropriate insurance cover was in place. A health and safety report completed 2 February 2015 by environmental health stated 'good to see proactive audits and improvements – keep it up'. Legal requirements were identified for the registered person to complete including, fitting window restrictors to all first and second floor resident areas, refitting the fire door hinge so that it self closes and repair lights to second floor landing. The registered manager stated the actions had been completed. We sampled some actions to confirm this.

Individual risk assessments were in place for people who used the service in relation to their support and care. These were reviewed and amended in response to their needs. For example, nutrition and pressure area care. However, the risks associated with the management of people's behaviour that challenges was not clearly identified in a specific plan of care, with the actions to be taken to manage the behaviour, in accordance with the service's aggression and violence policy dated December 2014.

Staff spoken with could describe the system for reporting incidents, for example, falls. This included how they obtained the assistance of another member of staff, obtaining medical assistance if necessary, making the person comfortable and subsequent to the incident how they recorded the information, for example, completing care plans and body maps. In one person's record we were able to confirm accident records were completed and 48 hour monitoring was in place for people who had fallen. We also found medical assistance had been sought when required.

We checked that people were protected by the prevention and control of infection.

Since the last inspection concerns had been raised with the CQC that there was urine odour in some people's rooms. This was confirmed when we looked in some rooms. The deputy manager showed this had been identified in the service's audits and the carpet in two bedrooms were identified as needing replacing, with a date identified for when this would be completed. This was also confirmed by a family member's relative.

We saw the arrangements in place for the changing one person's dressing could be improved to maintain the cleanliness of their environment, in order to minimise and control the spread of infection for the person and others.

We also found a hoist sling that was stained. We were informed by a member of care staff that four people used the sling and it was washed every evening. The question in the infection control audit dated 22 February 2015 that asked whether slings were allocated individually to residents was left blank. When we asked the registered manager about hoist slings she stated everyone had their own sling, but would check this with the deputy manager and make sure action was taken.

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Is the service effective?

Our findings

We checked that staff had the knowledge and skills to carry out their roles and responsibilities.

Data about staff training and qualifications was omitted from the PIR. The registered manager stated it was completed on submission. She stated care staff undertook the mandatory training identified by Skills for Care during their twelve weeks induction, but they received an initial induction before commencing work. The manager stated the training included moving and handling, fire safety, safeguarding, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), first aid, food hygiene, dementia and learning disability awareness. In addition to this senior care staff also undertook medication training and an assessment of their competency was carried out every two months to confirm they were competent to administer medicines.

The registered manager provided us with a copy of the training matrix to confirm the training staff had undertaken. The majority of staff had received training in moving and handling, health and safety, infection, prevention and control, safeguarding, food hygiene and fire safety. There were gaps in the training of MCA/DoLS and first aid. Training had been booked for MCA 2005 Compliant Record Keeping and DoLS in May 2015.

The registered manager confirmed staff had not received suitable and sufficient training in behaviour that challenges in accordance with the aggression and violence policy dated 2014, but said discussions had taken place with various training companies and a decision had been made, which training agency to use, it just needed booking.

The registered manager stated staff received supervision every six to eight weeks and some appraisals had been carried out. This was in accordance with the supervision policy. Supervision is the name for the regular, planned and recorded sessions between a staff member and their manager. It is an opportunity for staff to discuss their performance, training, wellbeing and raise any concerns they may have. We checked the supervision matrix for 2014/15 and found not all staff had received six supervisions in accordance with the policy. The record we were provided with to confirm the number of staff who had received appraisals, recorded this as four out of 23 staff. There was no date on the record to identify when those staff had commenced employment. Subsequent to the inspection the registered manager stated only 16 of the staff on the record had been employed for over 12 months and therefore were required to have an appraisal.

When we spoke with staff they confirmed they received training. They recalled this included learning disability, dementia, end of life care, infection control, safeguarding and that they received regular updates, for example, moving and handling. One member of staff recalled their induction and that they shadowed staff for approximately two weeks whilst undertaking training. They said shadowing whilst undertaking the training improved their confidence.

Discussions with staff identified they received supervision, but not at the frequency described by the registered manager.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (now Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

We checked that people consented to care and treatment in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and in place so that where someone is deprived of their liberty in order to keep them safe they are not subject to excessive restrictions.

The registered manager told us a policy/procedure was in place for consent to care and that she had received training in MCA and DoLS. The registered manager described an example of when a best interest decision had been made, where the person's capacity had been assessed by the doctor and that all the relevant information was documented in the person's care file.

The registered manager told us that no-one was on a DoLS, but one had been applied for.

We looked at the person's file where the person had been refusing their medicines and the manager had told us a best interest decision had been made to change the time that person received their medication. There was documentation in the person's file of that decision, which confirmed the best interest decision had been made

involving the person's doctor and family, with the reason given that the person may become unwell if they didn't have the medication. There was no record that a mental capacity assessment prior to that decision being made. The same person also had a best interest decision made about them receiving personal care, but again there was no record a capacity assessment had been completed prior to that decision being made. This showed the service was not following the MCA Code of Practice.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (now Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

We checked how people were supported to have sufficient to eat, drink and maintain a balanced diet. To do this we observed the lunch time meal in the dining room and in the lounge where people living with dementia resided. We also spoke with people and their family members about their experiences.

When we asked people about the meals they were served there was a general consensus that they were 'alright'. Everyone agreed that breakfast was usually good. They also acknowledged that they had a choice of two things for the main course and dessert at lunchtime. The same applied to tea. Comments included, "Not bad – most of the time," "yes, definitely, a good nourishing diet. [Relative] has put on weight here, even though she lost it in hospital" and "Really nice. I have a choice. Generally its been ok'. One person said, "they (the meals) could be better. There is a lot of stew which is cheap to make and not my favourite. You don't see many steaks or chops around here". We looked at the menu and found this reflected the person's comment.

People told us that apart from the meals, a hot drink and biscuit was served in the evening, but when getting up in the morning, which can be a considerable time before breakfast is served about 9am, there is no cup of tea available. One person said, "Well I have a glass of water, but tea would be nice". Another said, "I often wake at six o'clock or even five, but there is no hot drink available at that time". When we told the registered manager about this she said people were provided with a drink and did not acknowledge these comments being made by people as being true.

We observed three people eating their lunch in the lounge. Two people were being supported to eat by staff. One person had been provided finger food, in accordance with their plan of care. Another person had a fully liquidised diet and a third person, their meat liquidised. The person who had their meat liquidised did not have a spoon with which to eat it and left that part of their meal. They said, "I'm not partial to gravy". A member of care staff said, "It's not gravy it's liquidised meat", which the person did not understand. We saw that one staff member left the person they were supporting to eat to assist another member of care staff, with no explanation. We saw that people had not been provided with a drink during their meal. When we asked staff about this they said they were given a drink after their meal.

In the dining room, three members of care staff and the cook were serving meals from the kitchen.

The menu notice board said 'sausages' or jacket potato for the meal to be served, which was confusing because everyone had stew with two small Yorkshire puddings. A cold drink of orange squash was served with the meal, and tea or coffee offered afterwards. The service was disorganised with some people having eaten their first course, whilst others were being brought into the dining room. This did not add to the ambience of the meal. We saw that people ate their meals, although not with relish.

During the morning we observed the tea trolley being brought to the residential lounge approximately one hour before the main lunch time meal. People were provided with drinks, biscuits and fruit. People were not provided with a serviette or plate on which to place their biscuit or fruit. Neither did everyone have a table on which to place their drink. This meant some people were juggling those items whilst trying to eat and drink. We saw that people were very keen to have the fruit. Staff commented it was unusual for people to have fruit during the morning. This was confirmed by people when they said, "what's happening" and "what are we getting fruit for? Is it a special day?". The registered manager said the change had only been implemented the week of the inspection.

We checked that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

The Commission had received concerns that in respect of people's nutrition, staff were not using the recommended Malnutrition Universal Screening Tool (MUST), which is recommended as good practice by health professionals

Requires Improvement

Is the service effective?

and the National Institute for Health and Care Excellence (NICE) and that body mass indexes (BMI's) were not calculated as a tool to illustrate whether people were maintaining a healthy body weight.

The registered manager told us a nutrition policy was in place and everyone was weighed weekly. She described when people would be referred to healthcare services, when weight loss was identified.

We checked the care file of one person who had been identified as at risk of malnutrition. We found a 'Mini Nutritional Assessment' chart had been completed. There was a weight and malnutrition chart with weekly weights documented. The section for 'BMI' was left blank, confirming the concerns we had received. The nutritional assessment had indicated the person as at risk of malnutrition. Food and fluid monitoring record charts were implemented, but we found gaps in those records. Care staff could not provide an explanation for those gaps. There was a food and nutrition and mealtimes care plan, where the person's needs were communicated well, for example, 'food cut up, offer me choices, weekly weights, can eat independently'. The record was unclear what staff should do if there was weight loss and the response from a member of care staff was inappropriate. We discussed this with the registered manager who was able to identify that weight loss was monitored and acted on by herself or the deputy and the actions implemented incorporated into the plan of care. We saw this information, but it was kept separately to the care file.

People who used the service and family members said that if a doctor was needed the staff would summon one. Comments included, "there is a doctor here every Monday," "I had to go to hospital for an appointment and someone went with me and we were there ever such a long time, but she stayed with me and looked after me" and "there is a doctor's just nearby and I think they come in pretty regular. The staff take care of all that".

We spoke with a doctor visiting the service. They informed us that the relationship he had with staff on the intermediate care unit was very good. He said they knew their job. He said there was good outcomes for people and the owner provided information that supported the key performance indicators for the unit.

Requires Improvement

Is the service caring?

Our findings

We asked people about their relationships with staff and whether they felt their privacy and dignity was respected. In addition, how the service supported them to express their views and be involved in making decisions about their care, treatment and support.

People and their relatives commented, "staff care more about people who are ill or can't walk, so I don't get to know them well," "all [relative] had to talk to up there (dementia unit) was the staff and they were very good" and "sometimes [relative] has an accident and they are always very diplomatic helping to deal with wet washing and try not to embarrass her".

There appeared to be a consensus of opinion that staff were 'very caring and very kind'. One person singled out a member of staff for praise saying "She has been here a long time, and I really like her. She's always kind to me".

During conversation people described the care they received. Their experience of the personal care they received seemed a perfunctory task. One person said, "sometimes it's a man and sometimes it's a woman who showers you like and they wash you". When we asked if this was performed in a sensitive way they said, "they just get on with it. The staff fetch my clothes for me, but sometimes they don't fit'. Another person said they thought the staff were caring, but when describing their showering experience said, "they just come and say we are going to give you a shower or whatever and then get on with it. They are very patient and very good when I try to do things myself and never rush me". This person felt their privacy and dignity was respected.

Our discussions with people told us people were encouraged where possible to maintain their independence. One person said, "I make my own bed up in the morning".

People told us the lounge had recently been re-decorated and re-carpeted and they had, had an input in choosing the wallpaper by voting. They described how it worked, saying several pieces of wallpaper were put up and the one with the most votes was used. People said the same system for choosing wallpaper for the dining area was to be used. This demonstrated people were involved in decisions about the home.

We saw that staff approached people in a casual way, knowing people's names and having some shared history with them as well as knowing what their likes and dislikes were.

We observed very little interaction between people and staff, with most conversations being prompted by and based around care tasks. Those interactions were patient and caring in tone and language. Relationships between people and staff appeared open and friendly.

Staff we spoke with were able to describe how they maintained people's dignity and respect and gave examples of how they would implement this. This included practice such as ensuring personal care was provided discreetly and maintaining confidentiality. One staff member described how she saw caring by saying, "making sure someone is cared for, their needs are met, person centred delivered, safe and free from harm and abuse and they get the medications they need. Any issues raise them properly. Keep doors shut when doing cares. Don't shout. Make sure you don't belittle people and let them know we are here for them. Promote their independence".

However, we observed some situations where respect for people was not maintained, by compromising their dignity and privacy. For example, we observed a member of care staff talking about people, without including them in the conversation, as if they weren't there. We also found hourly observations of two people undertaken by staff displayed on the outside of their doors where members of the public could read that information. This compromised their privacy and dignity.

The majority of people we spoke with had support from family and friends and did not use any formal advocates. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options. We spoke with the registered manager about advocacy and she told us one person used an advocate for dealing with their finances. This was confirmed when we spoke with them. Although advocacy services were considered for people, we did not see any details of advocacy information around the home that people could access and find information about if they required.

Requires Improvement

Is the service responsive?

Our findings

We checked that people received personalised care that was responsive to their needs.

Since the last inspection CQC had received concerns that records were poor, for example, there were no life histories, next of kin details were missing, most care plans had long gaps between updates and subjective terms were used by staff when writing care plans and daily updates.

The registered manager told us assessments and care plans were completed by herself or the deputy manager, involving the person and their families. The registered manager stated a booklet called 'all about me' is completed to aid staff in caring for the person in an holistic way. She said ongoing reviews and daily interventions were completed by care staff. This process was observed during the inspection for someone who was being admitted permanently to the home.

We sampled aspects of people's care plans. In the main, these showed evidence of regular updates. Information contained in care plans covered a wide range of people's care, but often discussions with staff were needed to clarify information and find information within care plans that initially looked to be 'missing'. For example, we had discussed with the deputy manager about the care needs of one person who used the service. He told us that information could be confirmed by looking in their care records. We looked in the person's care file under "effectively manage catheter care" where it was expected that information was to be found, as that was what the discussion was about. It was blank. The deputy manager directed us to another plan entitled 'toileting and continence needs' and the information on meeting the person's needs was there.

In two other care files the people had two different risk assessments for skin integrity. On one person's care plan it stated 'two hourly turns to be undertaken during the night and turn chart to be completed'. When we asked a member of care staff why the turns were only to be performed at night time they didn't know and said, "We do toilet them every two hours during the day". This is a disrespectful way to describe how to support someone with their personal care. We found the turn chart was not always completed as stated with gaps on some days where it had not been completed. The code on the turn chart was 'TL' turned left or 'TR' turned right or 'OK' fine and sleeping. 'OK' does not provide information about the position of the person. Body maps had been completed identifying where there was a broken area with an appropriate description. In the other person's care plan it stated 'I require staff to give me pressure relief'. It did not state how often. This information meant insufficient information was available to identify the action staff needed to take to respond to their needs.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

We looked at another two care files to confirm plans were in place for people who displayed behaviour that challenged. We were unable to locate the plans. A member of staff directed us to the section they would expect the plan to be in place. In one file we found a document headed 'behaviour problems'. This is a subjective, negative way to describe assistance people need. We viewed the information and found the behaviour that challenged was evident during the delivery of personal care. We looked at the plan of care in regard to hygiene. It made no reference to the behaviour that challenged and actions to be taken by staff to minimise the behaviour to reduce distress or risks to themselves and others. There was no record in the multi-disciplinary notes of any healthcare professional intervention, although the manager had said the community health professionals were involved. In addition, staff told us of what action they took to minimise the behaviour. Likewise, in another file there was a behaviour chart, but again not a plan of the action staff were to take to minimise the likelihood of any behaviour that challenged.

The information found in people's care files was not in line with the aggression and violence policy. This stated 'managers must implement and maintain appropriate safe working procedures generated by risk assessment'.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (now Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

In our discussions with people, one person said, "We used to have call bells in our rooms, but they are no longer there". This was confirmed when we looked in their room. We also saw another bedroom without a call lead. We

Is the service responsive?

spoke with the deputy manager who told us those people were able to mobilise and press the buzzer. We discussed additional risks with this and that standard equipment must be provided for people to call for assistance, unless there is a recorded reason not to do so. We also identified a toilet on the first floor where a call lead was not in place. We found that a person who used the service used this toilet, which meant they did not have appropriate equipment to use for staff to respond to their needs if they needed assistance. There were no call leads to call buzzers in the lounge on the dementia unit. During the inspection the deputy manager had sourced two call leads to put in place in the identified bedrooms.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (now Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that it was everyone's job to ensure that people responded to people's needs in respect of their wellbeing and quality of life. She told us chair based activities and entertainers were arranged for people to take part in if they wished. In addition, that parties and fayres were organised. She also told us a church service took place at the home and every three weeks people could use a community room at a local supermarket. She said an activity board was devised each week that took into account what people liked to do. During the first week of the inspection those activities had been identified as quizzes, bingo, hairdresser, board games, nails and pampering, baking, a movie, sing a long and beetle drive.

We asked people about the information the registered manager had told us about and what they liked to do and how they spent their time. One person told us they liked to play bingo. When we asked if this took place they said it did, but added, "it depends on the carer whether they want to play bingo or not". Other comments included, "there are not really any activities here for me" and "not a lot. I don't do much. I suppose you can do stuff if there is someone to help you".

A relative said, "nothing happens at all upstairs on the dementia unit, but [relative] has been brought down to the lounge just lately, and they tell me [relative] won two games of bingo".

We observed that during the inspection most people spent their time sitting around with a large TV on and the stimulation of meaningful activities appeared to be missing. We did see two volunteers playing a game of dominoes with one person.

When we spoke with staff it confirmed there was not a dedicated member of staff to lead on activities, all care staff conducted activities as and when they had time to do so. On the intermediate care unit a member of care staff said, "people's activities are the exercises prescribed for them by the physiotherapists". This was confirmed by a relative we spoke with when they said, "[relative] has only just been moved from rehabilitation so there has been no opportunity, as yet, for [relative] to be involved [in activities]".

We checked how the service listened and learnt from people's experiences, concerns and complaints.

The registered manager told us a complaints policy/ procedure was in place. They said the procedure was displayed in the home. We saw this in the entrance hall. The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them and included time scales for responses. However, the procedure needed updating as the procedure indicated to people they could contact CQC to resolve their complaint, which is incorrect information.

When we spoke with people they were unsure about the complaints process or if they should complain. One person said, "If you complain you get into bother yourself – you get it thrown back in your face". This person said that the manager had said, "I am the boss around here". This person was anxious that they were not identified as they said they would 'get into trouble'.

In contrast other people said, "If I wished to complain I would go to the office and have it out with them there. I've never had to do that though," "I'd go straight to the management. I have done already, as the staff can be a bit loud, but it was all sorted out," "go to the manager – yes go to the man at the top" and "I would begin with the carer first. If anything was wrong, then up the line I suppose".

Discussions with the manager identified that she would ask for complaints in writing. This showed that the process required improvement to enable verbal and written complaints to be recorded, handled and responded to effectively.

Requires Improvement

Is the service responsive?

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (now Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service well-led?

Our findings

We checked that the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that is person-centred, open, inclusive and empowering.

At the inspection on 26 June and 1 July 2014 a compliance action was issued in respect of the assessment and monitoring of service provision. The registered provider sent in an action plan detailing how they were going to make improvements. We checked to see those improvements had been made. Whilst there had been improvements with the implementation of audits, some of these had been ineffective in practice and the service remained in breach of this regulation.

A manager registered at the service on 22 October 2014. When we spoke with the registered manager they told us they felt supported by the registered provider. They told us a quality assurance policy/procedure was in place. They explained this system helped them in assessing and monitoring the quality of the service. They stated the action plan had been met.

We looked at the quality assurance policy dated September 2014. It stated the monitoring framework included customer and stakeholder feedback and survey forms, complaint monitoring, team meetings, audits of the service and review of policies and procedures.

Following the last inspection we continued to receive concerns about the management of the service, including the manager being unhelpful, rude and unapproachable.

The registered provider conducted an investigation seeking the views of eight people who used the service and six relatives and fed back their analysis. They were asked similar questions including if the registered manager and deputy treated them with dignity and respect, felt they could speak with them, felt supported by them, whether they were inclusive, that they listened and respected what they had to say, understood the role of the manager and deputy, were approachable and any improvements that could be made. Feedback was positive.

Similar questions were asked to all staff. Again, feedback in the main was positive. Comments included, “I don’t spend much time with them both to figure out how they work. This has to be the best home I have worked in. The last home was awful. Both [the manager] and [deputy] are doing a decent job. I’m not just saying this because they are my managers, but they make us feel like one big family”, “I think they’re both alright. I’m always in [the manager’s] office asking her questions and she is helpful”, “I think they are making positive changes all the time. They have made good improvements to paperwork and cosmetic standards, which is good”, “I don’t think they can improve any more. They are both lovely. They have been good and they are right for the residents. [The manager] is so organised” and “I think [the manager] and [deputy] are fine. Sometimes managers can be false. With [the manager] and [deputy] they are professional. If I tell [the manager] something I know she won’t go around telling other staff. I think both [the manager] and [deputy] are the best we have had”.

During our discussions with people who used the service we asked them their views of the management of the service. People were reticent to provide information, but comments we did obtain included, “I don’t get on very well with the manager. If you say something ‘they’ always argue with you”, “You can share this information, but I’ll get into trouble”, “I don’t know them personally - but I have seen a man flashing past now and again with a pile of papers”, “the big man will listen to you if you go to the office, but I know nothing about any meetings or get togethers to talk about things in general”, “I see quite a bit of the deputy manager but not much of the manager” and “I know nothing about meetings with management and other residents or relatives about running the home, but overall they don’t consult with us”.

Although our discussions with people indicated a number of people who used the service did not know about meetings where they could voice their opinions about aspects of the care they received, we found resident meetings were held to provide people with an opportunity to feedback their opinions of the quality of service provided. We viewed the minutes of residents meetings that had been held. These were displayed throughout the home to look at if people had not attended. We saw that improvements to the home were identified. For example, in January 2015, people felt the home needed more activities and menu choice. There was no action plan recorded in the minutes, so it was difficult from the minutes what action was taken to make the improvements and who was responsible, which meant it was very difficult to measure

Requires Improvement

Is the service well-led?

that the improvements had been made. Likewise, people who had attended the meeting were not recorded. This meant when people said they were not aware of meetings we could not check they had attended.

A relative who visited frequently said that they could speak with the manager 'at any time'. In regard to meetings they said, "They [minutes] get put up on notice board when there is one, but I don't go". We also saw the resident meeting minutes displayed, meaning people and their relatives could view them if they wanted.

We found a suggestion box was placed in the entrance near the visitors signing in book, where stakeholders could make suggestions about the service.

In the PIR the registered provider had shared the home was rated the number one care home on www.carehome.co.uk website in the Barnsley area. We viewed the comments from January 2015 and confirmed the positive feedback. From the comments most of those were from people who had used the intermediate care service. A sample included, "visited Friday to the home of my grandma, and the atmosphere was lovely. The home smelt of fish and chips! Staff were playing dominoes and bowling with residents. Looking to see the man sorry, don't know his name was getting everyone involved. It was very nice to see so many happy residents/staff. Well done", "came from hospital - very happy with staff. Room very good, treated very well, food very good, home kept very warm", "the home is very good. Staff and management very good. I have been looked after second to none", "I come to the home every week and the staff are so friendly. This care home is like being home from home. Residents are so well looked after I look forward each week to coming to the home to make the ladies and gents days. The management and staff are so helpful and kind" and "I did a table top at Thornhill and was very impressed with the care shown to the residents by the staff and carers. It is a very friendly and well organised home and is a credit to the management and staff".

We found staff meetings were held, which meant staff were provided with an opportunity to share their views about the care provided. Staff we spoke with said sometimes not many staff attended but minutes were circulated. Staff we spoke with stated they were able to voice their opinions about the service. We found that at staff meetings staff were informed of the outcome of professional visits and improvements that needed to be made as a result of feedback from stakeholders. Documentation was a continued theme, which indicated actions from audits was not improving practice in this area.

We checked the audits undertaken to ensure a quality service was provided and any risks to people and the environment identified, assessed and managed. The registered manager provided the file of audits that had been completed. These covered an accident summary and falls analysis, CQC notifiable incidents, medication, catering, infection control, pressure ulcers, weight loss, bed rails, mattresses, fire, resident monies, health and safety, care profiles and nutrition. We viewed a sample of audits that had been undertaken in February 2015. We saw that actions had been identified to ensure a quality service was provided, but found some audits had not been effective in achieving the desired improvements. For example, the medication audit in January 2015 highlighted 21 missing signatures. In our review of medication we also found concerns with medication. Care plan audits had not been effective as documentation was a recurring theme in staff meetings and we found incomplete records of people's care and treatment. The infection control audit had not confirmed people who used the service had individual hoist slings and we found staff were using one hoist sling between four people.

We found policies and procedures were in place, which covered various aspects of the service. The policies and procedures had been updated and reviewed as necessary.

This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users, including the proper and safe management of medicines and that there are sufficient quantities of medicines to meet their needs The registered person must assess the risks to the health and safety of service users of receiving the care or treatment. The registered provider must ensure that equipment used by the service provider for providing care or treatment to a service user is safe for such use and used in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity had not received such appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person. If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the Mental Capacity Act 2005.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must enable the registered person to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided Systems or processes must be established and operated effectively to evaluate and improve practice in relation to assessing, monitoring and improving the quality and safety of the service and assessing, monitoring and mitigating risks relating to the health, safety and welfare of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.