

Rushcliffe Care Limited

# Thornham Grove Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

About the service:

Thornham Grove is a registered care service providing care for up to 34 older people. It is situated in the centre of Ibstock. The accommodation is all on the ground floor. On the day of our inspection visit there were 25 people using the service.

What life is like for people using this service:

People told us they felt safe at the home. They said having staff nearby and their own belongings in their bedroom, made them feel safe. Staff knew how to protect people from harm. The home was well-staffed and people said staff came quickly when they rang their call bells. People had their medicines on time. The home was clean, tidy and fresh.

The staff were skilled and well-trained and provided good quality care and support. People made many positive comments about the food and said their favourite dishes served. Staff made sure people saw their GPs and other healthcare professionals when they needed to. People said they liked the way the home was decorated. Two people said the call bells were too loud and the managers said they would address this.

The staff treated people with kindness and respect. They remembered people's birthdays and brought them cards and presents and treated them like their own family members. Relatives could visit the home at any time and were made welcome by staff. People were encouraged and supported to be independent. For example, one person made their own tea in one of the kitchenettes and two people kept pets.

Activities were a big part of life at the home. We saw a bakery session in progress where people were enjoying decorating biscuits. The provider and managers ensured information was provided to people in a way they found accessible. For example, the home used pictorial menus and cards to support people to make choices and take part in activities. People told us that if they had any complaints about the service they would tell the managers or staff.

People told us they were happy living at the home and felt well-cared for. The environment was welcoming with lots for people, relatives and other visitors to look at including information on dignity, the Mental Capacity Act, staff awards, and photographs of activities taking place. The home had a comprehensive audit system in place which led to improvements being made to the service where necessary.

More Information is in the detailed findings below.

Rating at last inspection: Good (report published on 15 June 2016)

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed

since our last inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Thornham Grove Care Home

## **Detailed findings**

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection team consisted of an inspector 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. Our expert by experience's area of expertise was the care of older people.

#### Service and service type:

Thornham Grove is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we

require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with seven people using the service and two relatives. We also spoke with the acting manager, registered manager, senior manager, compliance manager, activities co-ordinator, and two care workers.

We looked at two people's care records. We also looked at other records relating to the management of the service including staffing, quality assurance, and accidents/incidents.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People told us they felt safe at the home. They said the way staff supported them, and having their own belongings in their bedrooms, made them feel safe. One person told us, "I feel safe and secure."
- A relative said they had no worries about the safety of their family member and told us, "He is safer here than he was at home as he had a fall there and couldn't manage."
- Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service.
- If safeguarding incidents occurred staff reported these to other agencies, as required, including the local authority and CQC.

### Assessing risk, safety monitoring and management

- Staff knew how to monitor people's safety and reduce the risk of accidents. One person told us they were 'a bit wobbly' when mobilising but they did not feel unsafe as staff were there to support them.
- A relative said they had seen staff assisting people to move and transfer and thought they did this safely using the correct methods.
- Risk assessments were detailed and told staff how to support people safely. For example, one person who was at risk of skin damage, was encouraged to stand every two hours and regularly assisted to turn when on bed rest.
- The premises and any equipment used were risk assessed and checks carried out to ensure they were safe.
- The home had a maintenance person, health and safety lead, and external contractors who carried out frequent checks on the premises and equipment to ensure they were safe and fit for purpose.

### Staffing levels

- People told us the home was well staffed. They said that if they rang their call bells staff usually came within 10 minutes. One person told us, "There are plenty of staff."
- During our inspection visit there were enough staff on duty to meet people's needs, socialise with them, and support them to take part in activities. The staff rota showed these were the usual staffing levels.
- The home used a staffing calculator tool, based on people's dependency levels, to work out how many staff were needed. This considered the layout of the home, which had four units, and people's needs.

### Using medicines safely

- People told us they had their medicines on time. One person said, "Staff give me my medication on time and they know what they are doing. They are confident." A relative said their family member's medicines were managed safely.
- Only trained senior staff who had been assessed as competent gave our medicines.
- People had medicines care plans which explained how their medicines must be given. Protocols were in

place for 'as required' medicines so staff knew when to administer these.

- Staff knew what to do if people refused their medicines. For example, one person's medicines care plan stated that staff should return and try again three times and if they were still unsuccessful contact the person's GP.
- Medicines were stored securely and regularly audited by a trained member of staff to ensure they were being managed safely.

#### Preventing and controlling infection

- People told us the home was always clean, tidy and fresh. One person said, "It's very clean, all of it." Another person told us the standard of cleanliness at the home was 'perfect'. A relative said the home 'always looked clean'.
- Staff were trained in infection control and followed the provider's policies and procedures on this. Care workers told us they had the gloves and aprons they needed to carry out personal care.
- The home's acting manager oversaw infection control and carried regular audits to ensure standards of cleanliness were good.

#### Learning lessons when things go wrong

- Lessons were learnt and improvements made when things went wrong. For example, following an incident when instructions from health care professionals weren't followed, prompt action was taken to ensure this didn't happen again.
- The local authority and CQC were informed, improvements made to staff handovers and records keeping, and a staff meeting called to discuss and learn from the incident.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A senior staff member assessed people prior to admission to ensure their needs could be safely and effectively met at the home.
- People were invited to spend a day at the home before deciding whether to move or not so they could see if it suited them.
- Assessments covered people's health and social care needs and their life history, preferences, hobbies and interests.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.

Staff skills, knowledge and experience

- People told us the staff were skilled and well-trained. Two people said some staff were more skilled and experienced than others. The acting manager said all staff were trained to the same standard but some had been at the home longer and for that reason were more experienced.
- Staff training was supplied by the provider's training department and covered a range of introductory and other courses, including the nationally-recognised Care Certificate, designed to ensure staff had the skills and knowledge they needed to deliver effective care.
- If specialised training was required to meet individual people's needs this was provided. For example, staff had been trained in stoma and catheter care and assessed as competent by a nurse employed by the provider.
- Staff told us specialised training had improved the way they supported some people. For example, a 'dementia mapping course' enabled staff to work more effectively with people at the home living with dementia and improve outcomes for them.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they liked the food served. One person said, "The food is fabulous, not too much, not too little, just right." They said they could have wine, sherry and other alcoholic drinks if they wanted. Other comments about the food included 'pretty good really, some days hotter than others, but mostly good, today's was hot' and 'quite decent really and there is enough food'.
- Staff used a nutritional screening tool to assess people's dietary needs. This considered people's weight, ability to eat, skin type, medicines, appetite and psychological state.
- People dietary requirements were recorded and met. For example, one person had a pureed diet and the assistance of one staff member to eat. Another person had a favourite dessert and information about this was in their nutritional care plan so staff knew to serve it to them often.
- The home had a number of dining areas. We visited these at lunchtime and saw that staff were well-

organised, no-one was rushed with their meal, and most people had their lunch on time. The staff were friendly and sociable. They ensured everybody had a drink and checked that people had finished their meal before taking their plate away.

- One person needed support to eat their meal. A staff member told us this person ate slowly and they assisted them between carrying out other tasks like removing other people's plates and bringing dessert. This meant the person had to wait to finish their meal. We discussed this with the acting manager who said a staff member should have been sitting with this person throughout their meal. The acting manager said she would find out what had happened and ensure that in future the person had constant support.

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives and access healthcare services and support

- People told us they could see a GP or other healthcare professional when they needed to. A relative said people's healthcare needs were met and they had seen GPs and opticians come to the home.
- One person told us that when they had a cough staff called the GP to check on them. Another person saw a GP during our inspection visit and staff welcomed the GP and took them to the person in question.
- Records showed people had access to a range of healthcare professionals including GPs, district nurses, dentists, opticians, and dementia specialists.
- If people needed emergency healthcare staff acted to ensure they were seen promptly. They contacted out of hours GPs as necessary and arranged for an ambulance if a person needed one.

Adapting service, design, decoration to meet people's needs

- People told us they liked the premises. One person said, "I am quite happy with it." Another person said they were happy with their bedroom and liked the way the home was decorated and set out. A further person said their bedroom was 'exactly how I want it'.
- The premises were purpose built and divided in to four 'family' units, each with their own kitchenette, lounge and dining area. Accessibility was good throughout the home and people could choose to sit in quiet or more social areas.
- During our inspection two people raised concerns about the loudness of the call bells. One person said it was 'very loud' and the other person said it was 'too loud'. We also found this to be the case. The call bell disturbed the relaxed atmosphere in the home and made it difficult to continue a conversation or focus on anything other than the sound of the bell ringing. We discussed this with the managers who said they would address this issue and see if a safe solution could be found.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- People told us staff always asked for their consent before providing them with care and support and we saw this in practice during our inspection.
- Staff were trained the MCA and understood the importance of seeking consent before supporting people. There was a large MCA/DoLS information display in the home which explained the legislation to staff, people and relatives.
- If a person had a restriction in place this had been agreed with their social worker and an application made to the DoLS team for formal authorisation

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us the staff treated them with kindness and respect. One person said, "The staff are so good, they do everything." A relative said staff were always kind and caring toward their family member and said their family member would speak up if that wasn't the case.
- One person told us about a particular staff member who they said they couldn't praise enough. They told us, "He is fantastic he will get me anything."
- Another person said all the staff were good but some were more caring than others because they took more of an interest in the people using the service.
- The acting manager gave us examples of staff members going out of their way to provide a caring service. She said one staff member bought fish and chips with their own money for a person who said they would like some. She also said that staff remembered people's birthdays and brought them cards and presents and treated them like their own family members.
- Relatives could visit the home at any time and were made welcome by staff.

Supporting people to express their views and be involved in making decisions about their care

- One person told us they were involved in decisions about their care and support as were their relatives.
- People weren't always sure whether they had care plans or not but said staff asked them how they wanted their care and support provided. Records showed people and/or their relatives were consulted when care plans were written.
- A relative said staff asked them about their family member's likes and dislikes and checked they were satisfied with how they were being looked after.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected and promoted their privacy and dignity.
- People were encouraged and supported to be independent. For example, one person made their own tea in one of the kitchenettes and two people kept pets.
- We saw that staff knocked on bedroom doors before entering and supported people with their personal care in a discreet and caring manner.
- People had keyworkers who oversaw their care and ensured they had what they needed.
- The home had a small quiet room with a telephone so people could make calls in privacy.
- The home was a local authority accredited 'dignity in care' provider. This meant staff had demonstrated that they maintained a dignified service for people.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

### Personalised care

- People's care plans were personalised and included the information staff needed to provide responsive care and support.
- People's preferred daily routines were set out in their care plans so staff knew how they liked their care and support delivered and when.
- Care plans included a 'getting to know you' form so staff could learn about a person's life history, family and friends, and hobbies and interests.
- For example, one person's 'getting to know you' stated they liked a particular singer. Staff played the singer's music to the person in their room which they enjoyed.
- Care plans were regularly reviewed and updated. People were consulted about their care.
- Activities were a big part of life at the home and the activities coordinator ensured people had access to a wide range of individual and group activities.
- We saw a bakery session in progress where people were enjoying decorating biscuits. One of the group told us, "I love this [activity]. I used to make cakes at home and this takes me back."
- People were assessed so staff could find out what activities they liked. The assessments were personalised, for example one stated, 'I have a lifetime of experiences I am willing to share – please feel free to ask me about my experiences.'
- Current activities at home included singalongs, bingo, quizzes, and 'play your cards right'. The activities coordinator said of the latter, "They all enjoy shouting 'higher, lower or stick'."
- Other activities included church services, visiting entertainers, hand massages, and sensory sessions. The activities coordinator told us, "If I can make life a bit easier and a bit happier for people I will."
- We saw one person go into the kitchen and do some washing up and make a cup of tea. Staff said the person enjoyed doing this and it made them more independent.
- The managers understood their responsibilities in line with the Accessible Information Standard and ensured information was provided to people in a way they found accessible. For example, the home used pictorial menus and cards to support people to make choices and take part in activities. A large print copy of the home's CQC inspection report was on display in the reception area.

### Improving care quality in response to complaints or concerns

- People told us that if they had any complaints about the service they would tell the managers or staff. One person said, "I will say if I don't like something."
- The home's complaints procedure told people how to complain if they needed to. People were reminded of their right to complain at meetings and one-to-one sessions with staff.
- Records showed that if a complaint was made the managers responded promptly and positively. They carried out an investigation and responded to the complainant, telling them what they had done and what the outcome was.

- Complaints were logged and analysed to see if any action was needed to improve the service.

#### End of life care and support

- People had been asked for their wishes and preferences about how they wanted to be cared for at the end of their lives and had advance care plans in place for this.
- At the time of our visit the home was not providing end of life care. The managers said when they did they worked closely with healthcare professionals to ensure people had the care and support they needed.

## Is the service well-led?

### Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People told us they were happy living at the home and felt well-cared for. One person told us, "This is a home from home. We're a big family here and I never feel lonely or left out."
- At the time of our inspection visit the registered manager was leaving to run one of the provider's other homes. An acting manager had been appointed and was taking over the registered manager's role.
- The acting manager had arranged a meeting, on the day of our inspection visit, for people and their relatives to come and meet her and discuss the management changes at the home. The meeting was advertised on a poster in the home.
- People said they had been told about the new acting manager and were looking forward to meeting her. They thought it was good that she had arranged a meeting so formal introductions could take place.
- Staff told us they enjoyed working at the home and would recommend it. One staff member said, "It's the best home I've ever worked. The premises are lovely and the care is very person-centred. We get to know our residents very well." Another staff member told us, "If I need help or advice the managers are always on the end of the phone."
- The environment was welcoming with lots for people, relatives and other visitors to look at including information on dignity, the Mental Capacity Act, staff awards, and photographs of activities taking place.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The home had a comprehensive audit system in place. This involved regular checks by the provider, managers, and other staff to ensure the home was providing high-quality and safe care.
- The audit system led to improvements being made to the service where necessary. For example, following the provider's latest health and safety audit, the home's boundary fencing was improved, as was wheelchair access to one of the conservatories.

Engaging and involving people using the service, the public and staff

- People told us staff asked them for feedback on the service and gave them questionnaires to fill in. The last survey of people's and relative's views took place 2018.
- Seven people returned their questionnaires and the results showed that 100% of respondents were happy or very happy with all aspects of the home. People were particularly happy with the quality of the care which they said was personalised and met their individual needs.
- Twelve relatives returned their questionnaires and they were also 100% happy or very happy with Thornham Grove. One relative commented, "My [family member] loves it and we do not have one single

complaint." Another relative wrote: "All the staff I have come across are always very friendly and helpful."

- Regular residents and relatives meetings were held so people could share their views at these. The minutes of the last meeting, in December 2018, showed that people and relatives were involved in making decisions about the home.
- Attendees were asked for their views about the ongoing re-decoration of the premises and told about the new acting manager's monthly surgery where they could speak to her on a one to one basis.
- Staff also attended regular meetings where they could share their views on the service. The minutes of their last meeting, also in December 2018, showed safeguarding and lessons learnt were discussed. Sepsis was discussed and staff were shown a new sepsis flow chart the home was using to reduce the risk of this condition occurring.

#### Continuous learning and improving care

- The managers were in the process of introducing new technology, in the form of smart phones, aimed at making it easier for staff to meet and monitor people's needs.
- People and relatives had been informed about this new development by letter and managers had also spoken to some of them about it.
- The provider's clinical governance team shared best practice with the managers and staff and the provider's internal compliance officers ensured this was being used as directed.

#### Working in partnership with others

- The managers worked closely with partner organisations to develop the service they provided.
- Local authority commissioners assessed the service in August 2018 and rated it as 'Gold', the highest rating that can be achieved.
- The commissioners' report stated, 'The home focuses on positive outcomes for service users.'
- The staff training programme was based on NICE (National Institute of Clinical Excellence) and Skills for Care guidance to ensure it was relevant and up to date.