

West Northamptonshire Council

Thackley Green

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

Thackley Green is a specialist care centre providing short term personal and nursing care to up to 51 people in one adapted building. The service provides rehabilitation support to younger and older people and people with physical disabilities and dementia. At the time of our inspection there were 24 people using the service and nursing care was not being provided.

People's experience of using this service and what we found

People were protected from the risk of abuse and people told us they felt the service was safe. Staff were recruited safely, there were sufficient numbers of staff with the necessary training to support people safely and meet their needs. Risks to people had been assessed and measures were in place to reduce risks. Medicines were managed safely and the provider had sufficient infection, prevention and control measures in place.

People's needs were assessed prior to them receiving care and support from the service. Staff received training that gave them the skills and confidence to perform in their roles. Staff worked with other agencies to ensure people had access to healthcare and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff treated them with kindness and respect. Staff understood how to promote people's independence. Staff supported people to express their views and respected their choices.

People's needs and preferences were highlighted in their care plans for staff to follow. These required further development which the service was in the process of doing. People's communication needs were considered and met. People and relatives knew how to raise a complaint about the service and when concerns had been raised, we found the registered manager had promptly taken action to resolve the issue.

The registered manager understood their role and responsibilities and was proactive and enthusiastic about improving the care and support people received at Thackley Green. Quality assurance systems and checks were in place to maintain oversight of the service and drive improvements as required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 01 April 2021 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 29 June 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thackley Green on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Is the service effective?

Good ●

The service was Effective.

Is the service caring?

Good ●

The service was Caring.

Is the service responsive?

Good ●

The service was Responsive.

Is the service well-led?

Good ●

The service was Well-Led.

Thackley Green

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 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.

Service and service type

Thackley Green is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Thackley Green is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the Well-Led section of the full inspection report for further details.

During the inspection

We spoke to 8 people and 1 relative about their experience of the care provided. We spoke with 9 members of staff including the registered manager, team leaders, senior care staff, care staff and kitchen staff.

We reviewed a range of records. This included people's care plans, risk assessments and daily care records including pressure care and food and fluid support. We looked at recruitment of staff, maintenance records and medication administration. A variety of records relating to the management of the service including auditing and monitoring were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe. One person said, "I was happy to come here, the staff are brilliant".
- Staff received training in safeguarding vulnerable adults and understood the signs of abuse and how to report any concerns. One staff member said, "If I found any unusual bruising, I would go straight to the registered manager or team leader."
- Referrals had been made to the local authority safeguarding team and investigations had been completed by the registered manager and senior team, where required.

Assessing risk, safety monitoring and management

- People had their individual risks assessed with strategies in place to mitigate risks. For example, people identified at high risk of falls had sensor equipment in place to alert and ensure staff were present when mobilising.
- Staff demonstrated a good knowledge of people's care needs and the risks associated with their care and told us what they do to keep people safe. One staff member said, "We encourage them [people] not to walk without their zimmer frames." Another staff member told us, "Falls can bring people's progress back a few steps. We [staff] make sure they've got the correct footwear on and there's nothing they can trip over."
- Checks were in place to ensure people's environment was safe. This included regular checks of fire alarms, water temperatures and mobility equipment.
- People had personal emergency evacuation plans in place to provide staff and the emergency services information on how to evacuate people safely in the event of a fire.

Learning lessons when things go wrong

- Lessons were learned when things went wrong or where an area for improvement was identified. For example, a system had been put in place to reduce the chance of serious injuries going unidentified after a person had fallen. The therapy team consisting of an occupational therapist and physio therapist conducted a second assessment on the person to ensure any injuries or other concerns were identified and actioned without delay.
- Staff undertook monthly analysis of accidents, falls and wounds to identify any trends or patterns. We saw appropriate follow up action was taken.

Staffing and recruitment

- There were enough staff to provide safe care to people. People and staff told us there was enough staff on each shift to meet people's needs.

- The service was not providing nursing care at the time of the inspection due to the difficulties in recruiting nurses.
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- We saw evidence that lessons had been learnt when medication errors had occurred. Staff had implemented a process where medications were checked and counted each week, enabling errors to be noted without delay and for action to be taken to reduce the chance of re occurrence. There had been an increase of medication errors at this service and staff were focused on reducing these.
- Medicine administration records (MAR) were in place and people's medicines had been administered as prescribed. Medicines were ordered, administered, stored and disposed of safely.
- Staff administering medicines had received the appropriate training and had been assessed as competent to administer medicines safely.
- People were encouraged to manage their own medicines if it was safe to do so. Where people administered their own medicines, staff carried out regular checks to ensure people took them as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were encouraged to wear appropriate PPE to minimise the risk of catching or spreading infections.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People were assessed to ensure that the service was able to meet the person's needs. Staff told us they received people's assessment paperwork prior to admission to learn about the person and the support they required before arriving.
- Staff told us, "We [staff] get an admission pack. We look at the pack and see what room they [person] are going in, who they are, what their needs are so when they come in, we know what they need."
- Staff had implemented a communication record to record regular communication with the hospital discharge team; this ensured the information they held about a person prior to admission was reflective of their current needs to avoid unsafe discharge from hospital to the service.

Staff support: induction, training, skills and experience

- All staff completed induction training when they first commenced their employment. Staff told us the training they received gave them the skills and confidence to perform in their roles. Ongoing training was provided so staff remained up to date and their skills and knowledge was refreshed.
- People told us staff were competent in their roles.
- Staff were enrolled onto the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's bedrooms were nicely decorated with access to en-suite facilities.
- People were supported to relocate to an apartment within the service following successful rehabilitation to prepare people to return to their own homes. The apartments included a living area and kitchenette with appliances such as a kettle, toaster and fridge.
- People had access to a range of communal areas including lounges and dining rooms. The building layout was spacious and clear of any obstacles enabling people to move between areas independently and safely.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were assessed upon admission to the service. These detailed people's individual dietary requirements, likes, dislikes and preferences.
- People's weight was regularly monitored. Staff told us they provided regular snacks and fortified food and drinks to people who were at risk of losing weight; relevant referrals to a dietitian were made when required.

- People were offered two choices of homemade meals from a daily set menu. Alternatives were available to people should they prefer, such as soups, sandwiches and omelettes.
- The kitchen staff provided people in the apartments with their own milk and bread supplies. This enabled people to make their own snacks and drinks in preparation for returning to their own homes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed action was taken when people's health or well-being deteriorated. Staff noticed changes to people which may indicate deteriorating health and sought advice promptly.
- People received regular input from the local GP practice.
- Staff worked closely with the local hospital discharge coordinators. The registered manager had arranged for them to visit the service, meet the staff teams and understand the layout of the building to ensure people's discharge to the service from hospital was safe and effective.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of the inspection, people had the capacity to make decisions about their care and no person was being deprived of their liberty.
- People told us staff always asked consent and supported them to make their own choices and decisions.
- Staff had received training in the MCA and demonstrated an understanding of this. One staff member said, "If someone lacked capacity, I would talk to them in a way they would understand. Sometimes you have to think in the persons best interest."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout our inspection we saw positive interactions between people and staff. Staff spoke to people kindly and with respect. One person told us, "They [staff] listen when I tell them about myself."
- People's care plans contained information about the person including their ethnicity, religious beliefs and preferred language. Staff were in the process of reviewing all people's care plans to ensure these were personalised.
- People had access to a private area in the home where they could participate in religious practices with resources made available such as a bible.

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

- People told us staff were caring and respected their choices. One person said, "If I ask for something, they [staff] are really obliging."
- We saw staff communicating with people in a way to ensure they understood what was being said. Staff understood the importance of involving people in decisions about their care.
- At the time of the inspection no person being supported required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the registered manager and staff would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- Staff ensured bedroom doors were shut and curtains were closed when supporting people with their personal care. Staff knocked on doors before entering. One person told us, "[Staff] always ask, always knock on the door first, you couldn't fault it even if you wanted to."
- Staff supported people to remain as independent as possible. Care records detailed what people could do themselves and where they required staff support. Staff told us they felt a sense of achievement when a person regained their independence following a stay at Thackley Green. One staff member said, "You see people come in at their most vulnerable and at the end of their time here [the service], they are independent and able to look after themselves again."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans required updating to ensure records were personalised, including people's likes, dislikes and preferences. The registered manager and senior team had already identified this as a requirement at the time of the inspection and were in the process of implementing workshops with staff on improving care planning records.
- People received input from a team of therapists including occupational therapists and physio therapists. The support included practice using a stair lift, practice using stairs and practice cooking and preparing meals. This support enabled people to return to their own homes following a stay at Thackley Green.
- People were involved in the planning of their care. Staff told us that people's care plans gave them the information they needed to support people.
- People's preferences for personal care support for example, the preference of a male or female carer, was respected by staff. One person told us, "They [staff] even ask this when you get weighed, they said some people (women) don't like men weighing them, I don't mind that, but not with personal care. If I did need personal care help, I would have a female, they know that."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of the admission assessment and people's care plans described the level of support required. For example, people who were hard of hearing required staff to write any communication down on a white board to ensure people understood what was being said to them.
- The registered manager told us they would make information available in different formats if required. For example, easy read, large print, pictorial documents, braille and translated information. The registered manager was aware of the requirement to provide people with accessible information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's family and friends were encouraged to visit them whilst at the service.
- Staff encouraged people to take part in meaningful activities such as reading, playing boardgames and puzzles. People made the choice on whether to participate or not and staff respected those choices.

- The therapy team at the service had a therapy student on placement at the time of inspection who was trialling weekly group activity sessions with people. The registered manager advised they hoped to continue with this with the support from care staff.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. Information on how to raise a complaint was visible in the home for people and visitors to see.
- The registered manager received support from the provider's complaints team to ensure complaints were acknowledged and investigated within the required timeframes specified in the providers policy.
- People told us they would speak to their family if they had any concerns to raise about the care and support provided by staff at Thackley Green.

End of life care and support

- Staff had received training in end of life care. At the time of the inspection, no one was being supported at the end of their life.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated, known as DNACPR (Do not attempt cardiopulmonary resuscitation).
- The registered manager advised should a person require end of life care whilst at the service, then this would be provided taking into account people's individual wishes and preferences.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibilities and was proactive and enthusiastic about improving the care and support people received at Thackley Green.
- At the time of the inspection, the provider was in the process of completing the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.
- Staff understood the duty of candour and had reported incidents appropriately to the local authority and Care Quality Commission where required.
- Quality assurance systems and checks were in place to maintain oversight of the service and drive improvements as required. The senior staff team completed a range of audits to make sure the service was meeting people's needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the service they received. Staff had received compliments from people and their relatives. One compliment read, "Thank you for your wonderful and kind support with my recovery from my knee operation, nothing was too much for you all. Thank you for looking after me."
- Staff told us they felt the service was managed well and they felt supported in their roles. One staff member said, "[Registered manager] is very approachable. She has stepped into the role well."
- The registered manager had implemented a wellbeing and multi faith room for staff and people to access. Information was made available to people and staff in relation to mental health and LGBTQ support services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had the opportunity to share their views on the service through regular team meetings or one to one supervision meetings.
- The registered manager completed a daily walk around the service to give people the opportunity to provide any feedback.
- People and visitors had access to a survey to provide feedback to staff on how the service could improve.

Working in partnership with others; Continuous learning and improving care

- Staff worked closely with in house occupational and physio therapists to support people to reach their rehabilitation goals. Weekly multi-disciplinary team meetings took place to monitor people's rehabilitation progress.
- Senior staff and the registered manager took steps to learn from incidents and events and put measures in place to make them less likely to happen again.