

Presidential Care Limited

Thorndene Residential Care Home

Inspection report

107 Thorne Road
Doncaster
South Yorkshire
DN2 5BE

Tel: 01302327307

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08 September 2020
09 September 2020

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Ratings

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

Summary of findings

Overall summary

About the service:

Thorndene Residential Home is situated on the outskirts of Doncaster and is in easy reach of local shops and amenities. The home is registered to provide accommodation for up to 22 older people. Accommodation is located on both the ground and first floor. There is a small car park at the front and enclosed gardens at the side and rear of the home. At the time of this inspection there were 15 people living at the home.

From this location a domiciliary care service is also provided. At the time of this inspection 21 people received assistance with their personal care needs.

People's experience and what we found:

Improvements had been made since our last inspection which took place in September 2019. We found risks associated with people's care were identified and risk assessments were in place to minimise the risk. Staff were knowledgeable about potential risks with people's care and how to keep people safe.

Positive changes to the environment and in the infection prevention and control procedures were seen. There were sufficient staff available to meet people's needs and to socially engage with them whilst adhering to the current restrictions due to the COVID-19 pandemic. The provider, registered manager and staff had managed the current COVID-19 pandemic well and implemented effective procedures.

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 received support from staff who knew them well, understood their needs, and were kind and caring. People felt that a bond of trust existed between them. Relatives told us staff were courteous, moved and handled people competently, and spoke in a gentle manner. A relative told us, "[Name] chooses what he wants to do. Carers respect that. Carers never force anything but make suggestions. They are obliging and ask if he needs anything. We have hit on the right care support team."

People's medicines were managed safely. There were protocols in place setting out when medication prescribed to be taken on an "as and when" basis should be administered. Staff had their competency checked and there was a record of this.

People were safeguarded from the risks of abuse, staff received training in this area and knew how to recognise and report abuse. Staff were confident appropriate action would be taken to keep people safe. One person told us, "Our care is excellent. We would speak up if it wasn't."

The management team supported staff to deliver person centred care to people. The provider engaged

people in the service and listened to their comments. Everyone spoken with was aware of receiving three monthly quality assessment questionnaires and everyone considered the provider to be competent, responsive, and available to communicate with them by telephone or in person. The managers and senior staff were well spoken of and the service was considered well managed.

Governance arrangements were effective, reliable and drove improvements. There were a series of audits which helped the provider and registered manager to identify where improvements were needed to continue to develop the service.

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

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 coronavirus and other infection outbreaks effectively.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 23 September 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

Why we inspected:

We undertook this focused inspection in line with our current methodology in the COVID-19 pandemic, to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

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

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was well led.

Details are in our well-led findings below.

Good ●

Thorndene Residential 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 (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 Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, one assistant 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.

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.

Service and service type:

Thorndene is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Thorndene also provides a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. A second manager was also in the process of registering with CQC. One manager would have responsibility for the care home and one for the domiciliary care agency.

Notice of inspection:

We gave short notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and plan to speak with people, their relatives and staff by telephone prior to our visit. This helped minimise the time we spent in face to face contact with the provider, registered manager, staff and people who used the service.

Inspection activity commenced on 7 September 2020 and ended on 9 September 2020. During this time, we contacted relatives and staff via telephone to gain their views and asked the provider and registered manager to send us documentation relating to the management of the service. We visited the care home on 9 September 2020.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We spoke with three people and eight relatives about their experience of the care provided. We spoke with the provider, the registered manager, and nine members of staff including a manager, senior care workers and care workers from both the care home and the domiciliary care service. We also spoke with ancillary staff working in the home.

We looked around the environment and reviewed a range of records. This included four people's care records and medication records.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found people lived in an environment that posed some risks to their health, safety and well-being, particularly if they were living with dementia. There was also a lack of robust infection control processes in place and risk assessments were not always effective because they were not always updated to reflect people's current needs. This was a breach of Regulation 12, (Safe care and treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation 12.

- Risks associated with people's care and treatment had been identified and risk assessments were in place to minimise risks occurring. For example, potential risks with the person's mobility or their nutrition and hydration.
- Staff were aware of risks and took appropriate actions and followed people's care plans to ensure people were kept safe.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Checks to such things as hoists, bedrails and fire equipment were carried out regularly and actions taken where appropriate.

Preventing and controlling infection

- Staff had received training in infection control practices, including the donning and doffing of personal protective equipment (PPE). The level of PPE being used met current guidelines.
- Due to the current pandemic an isolation unit was available for people should they need to isolate and not want to spend all their time in their room. This was not in use and had not been needed as there had been no COVID-19 in the home.
- Staff knew people very well and had helped them in understanding the need for PPE. Where necessary people had been given extra support with their communication needs, where the use of PPE had hindered this. Relatives spoke positively about infection control procedures adhered to by staff and of the "excellent caring work of staff."
- The premises looked clean and hygienic. Regular cleaning schedules were carried out and checked for completion by the registered manager. Cleaning staff were available every day including laundry staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to safeguard people from the risk of abuse.
- People said they felt safe in the care of the staff. Relatives told us they had "piece of mind," that their

family member was being looked after safely. One person said, "I do feel safe. I've had this carer for a long time. The other carers are familiar faces. They do everything I ask, they are very caring. The carers give me my medicines and do it right."

- Staff confirmed they had received safeguarding training and were able to tell us what their responsibilities were in relation to reporting any safeguarding concerns. One staff member told us, "If there were concerns, we would raise them to management. I have done and it was acted on quickly. The manager came out and spoke to the person after I raised the concern."

Staffing and recruitment

- Appropriate staff recruitment and pre-employment checks were in place.
- People and relatives told us there were enough staff and they were supported by familiar staff that knew them well. One relative said, "We know [name] gets the same carers. They know us and we are very confident in them and their care skills."
- The provider had recently increased the number of care staff working during the day. This was due to an increase in occupancy and people's individual care needs.
- Staff told us some days were very busy and they were not always confident enough to ask for the registered managers help. We told the provider this and they said they would address this.

Using medicines safely

- Staff followed the correct procedure for the safe handling of medicines
- There were safe systems in place to acquire, store, administer, monitor and dispose of medicines.
- Staff received training in medicines and had competency checks completed. Staff told us, "The manager watches us giving out medicines and then gives us feedback."
- People told us they received their medicines as prescribed. A relative told us, "I've seen when staff give medicines. They [staff] work from a sheet and a locked cabinet. There is always someone writing things down. [Names] medicines changed when she returned from hospital and we were informed."

Learning lessons when things go wrong

- Following the last inspection, the provider implemented an action plan showing how they would address the shortfalls in the service. At this inspection these had been fully addressed and there was no longer breaches of regulation.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection we found people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. This was a breach of Regulation 13, (Safeguarding service users from abuse and improper treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation 13.

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 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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider, registered manager and staff had a good understanding of the MCA and were working within the principles of it. People were not unduly restricted and consent to care and treatment was routinely sought by staff. A relative told us, "They [staff] give [name] options to do stuff. She does what she wants, and staff respect her choices."
- Where people were deprived of their liberty for their own safety for example, not being allowed to leave the home alone, DoLS authorisations were in place and the conditions of the authorisation were being met and kept under review.
- Where people's mental capacity had been assessed and they were found to be unable to make specific

decisions for example, about their medicines or finance; best interest decisions were in place.

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their roles effectively.
- The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively. Staff were supported through one to one supervision, spot checks and team meetings.
- People and their relatives all agreed staff were skilled and competent in their role. One relative said, "I do think staff are well trained. When [name] needs the bathroom, they come to help her. I've seen them hold her hand and they are patient."

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

- People enjoyed the food provided and relatives said people were well supported to eat and drink sufficient amounts to maintain good health. Comments included, "[Name] can have drinks and snacks in her room. If she misses a meal, they [staff] will offer a snack, toast or a sandwich or give her more if she likes something. She can definitely make choices" and "Staff know what they are doing. They feed people if needed. Carers ask people what they want to eat. My relative doesn't like gravy on her food, so they don't give her that. Once she dropped dinner on her clothes and they cleaned and changed her straight away."
- People's needs in relation to eating and drinking were described in their care plans. Any risks associated with poor nutrition and hydration or choking were assessed, and nutritional supplements or food prepared as a soft or pureed consistency was provided.
- We observed the lunchtime meal being served. People were asked their preferences about meals. Staff spoke respectfully and with kindness. Where appropriate people were wearing protective wear. Specialist plates, cups and cutlery were used by some people, which helped to maintain their independence.

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

- The design and décor of the home met the needs of people living with dementia and frailty due to old age. Suitable signage, such as for toilets, helped people find their way about. People's bedrooms had been personalised to reflect their own choices and personalities.
- There was a lift which provided level access. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence.
- There was a secure, pleasant garden area with access for wheelchairs. Outdoor seating and tables were available. We saw people enjoying using the outside space.

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

- People were supported to access healthcare professionals when their needs changed. One person told us, "If I am not well, I tell the carers. I see the optician and doctor. We have meetings sometimes and they ask me if there is anything I want."
- Records were kept about the healthcare appointments people had attended and staff implemented the guidance provided by healthcare professionals.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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: Continuous learning and improving care

At our last inspection we found governance arrangements were not as effective or reliable as they should be. Further improvement was needed in the quality assurance processes to identify shortfalls and to drive improvement. Recorded evidence of the auditing and monitoring of the service needed to be embedded into management systems. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation 17.

- Since our last inspection the provider and registered manager had developed governance systems to monitor the service. These audits and checks were effective and identified areas to improve on.
- The service had an annual plan of quality audits. This showed what audits were carried out each month throughout the year. Audits completed included, health and safety, care plans, medicines and complaints.
- Where actions had been identified details of how this would be completed, and by who and when were recorded. For example, the medicine audit had identified some missing signatures on the medicine administration records. Staff were seen and this was discussed in a staff meeting. Staff spoken with were aware of what further action would be taken if this continued.

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

- Since the last inspection a new registered manager was in place and a second manager was in the process of registering. This meant there would be a registered manager with overall responsibility for both the care home and the domiciliary care service. The provider was also a visible presence at the home and provided support and guidance.
- Staff were aware of their individual roles and responsibilities in providing care and who they should report any concerns to. Staff were updated at each shift about changes to people's care and support needs. This meant they were promptly told of any changes.

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

- People who used the service, their relatives and staff were engaged in the running of the service.

- The provider carried out a quality survey in May 2020, and the results were positive, with most people not wanting any changes made to their current service. Where people had made suggestions for improvement these were considered and where appropriate acted upon.
- All respondents agreed they felt safe and secure in the home and said staff provided them with the support they needed.
- Resident, relative and staff meetings were held regularly. Minutes were taken and any agreed actions were completed. During the lockdown period relatives were sent a newsletter keeping them up to date with what was happening in the home and the proposed plans for when the lockdown ended. Relatives told us they had thoroughly enjoyed receiving this.

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 management team understood their responsibility in relation to the duty of candour and were open and honest throughout the inspection.
- Feedback from people and their relatives confirmed they were informed and told about any concerns or issues in line with their duty of candour responsibility. A relative told us, "They [managers] listen. I asked about more activities, [names] incontinence, hearing aids and the television. They've always dealt with it or we've come to an arrangement."
- The provider and registered manager had a good understanding of when and who to report concerns to. We saw incidents were recorded and relevant professionals informed, such as the safeguarding team. They submitted relevant statutory notifications to the CQC.
- One staff member told us, "The provider and managers are lovely, always there to help even on days off or when on holiday. I feel confident to speak up with concerns as they will get acted on."

Working in partnership with others

- The service worked with other organisations to deliver effective care.
- Working relationships had been developed with the local GP's, district nurses, and social workers.
- A relative told us. "[Name's] care needs changed. The carers reported the changes to the manager. She contacted the occupational therapy service to do a proper updated assessment. They [staff] have always involved me in the care change discussions."