Monshaw Limited

Thornhill Nursing Home

Inspection report

6 Thornhill Road
Huddersfield
West Yorkshire
HD3 3AU

Tel: 01484421287

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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

Thornhill Nursing Home is a nursing home for 42 people, some of whom are living with dementia. There were 38 people who were living in the home when we inspected. At our last inspection we rated the service good. 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.

At this inspection we found the service remained Good.

Risks to individuals were managed well and people told us they felt safe. Staff had a good understanding of how to safeguard people from abuse or harm and accidents and incidents were documented well. There were safe procedures for managing medicines. Premises and equipment were being updated as part of a planned programme.

Staff were supported through effective training and supervision and there was good communication and teamwork. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's dietary needs were known by staff and there was plenty of choice in line with people's preferences.

Staff demonstrated a kind and caring approach and there was evidence of respectful relationships fostered with the people who lived in the home. People were involved and informed about their care and support and their independence was encouraged.

Care documentation was clear on the whole and there was good evidence of people's individual preferences, although it was not always clearly recorded when people, relatives or others had been involved in care planning. There was evidence of varied activities, although not all people were engaged on the day of the inspection.

There was very clear and detailed evidence of management oversight and quality assurance systems to enable care to be of a good standard. There was a very open, transparent culture of communication and the management team were very knowledgeable about the service.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service has improved to Good	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Thornhill Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 was a comprehensive inspection. The inspection took place on 13 March 2018 and was unannounced. There was one adult social care inspector, a specialist professional nurse adviser 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 and their experience was in dementia care.

We gathered and reviewed information before the inspection such as the provider information return (PIR), notifications about the service and liaison with other agencies, such as the local authority and safeguarding team.We spoke with 12 people who used the service, four staff, the registered manager, the regional manager and two visitors. We looked at seven care plans, two staff files, training and supervision records and documentation to show how the service was run, such as maintenance records, policies, procedures and audits.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Oh yes I feel safe, I have no complaints" and another person said they felt safe as there was a buzzer on the wall behind them, and someone would come if it was pressed.

Staff understood the safeguarding procedures and they knew individual risks to people's safety, such as how much support each person needed to move around. Staff were confident to raise any concerns and knew how to report these appropriately. Care records contained individual risk assessments and these were reviewed at least monthly. Accidents and incidents were recorded with any lessons learned from these explored and highlighted by the registered manager. The registered manager showed us how they ensured key risks, such as fire safety, were mitigated and there were up to date personal emergency evacuation plans in place.

There were suitable recruitment procedures in place and staffing levels were sufficient to meet people's needs in a timely way on the whole, although some people said they had to wait if staff were busy supporting others. The registered manager told us there was minimal use of agency staff and regular staff covered for unexpected absences.

Medicines were securely stored and managed safely. People were supported appropriately with their medicines, in line with their individual needs; staff explained to people which medications they were being given and sought consent for these. Staff waited with each person to check medicines were swallowed properly and records were signed after each medication had been given. We checked the medicine trolley, refrigerator and controlled drugs cupboard and saw the contents were correctly stored and properly recorded. Staff had been trained and their competency assessed to support people with medicines.

The home was clean overall, although more attention was needed to ensure more thorough tidying and cleaning in places, particularly the sluice area and soft furnishings, and there was evidence of wear and tear within the home. Plans to replace fixtures and fittings and refurbish the home were in progress. One person said, "It is very clean, your bed is made nicely for you, I have no complaints at all, they make it as pleasant as possible."

Good

Is the service effective?

Our findings

At the last inspection we found consent was not always sought in line with the Mental Capacity Act 2005. At this inspection we found the provider had taken all steps to address this and staff understood how the legislation impacted upon people's care and their rights.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations in place. We saw, and people we spoke with confirmed, there were daily choices for how people preferred their care and they were supported to make decisions.

The home had a policy for giving medicine covertly when in people's best interests and we saw this in use for two people. We checked their care plans and saw these had been agreed with the GP, pharmacist, home manager and a member of the residents' family. Both residents had DoLS applied for, one had been authorised and the other was in progress.

We found evidence to show staff were trained and supported to carry out their roles effectively. The registered manager told us they were in the process of updating the training matrix and there was scheduled training to address training due to expire. Staff completed a range of training methods, including experiential training for dementia care. Staff told us and records confirmed, there was regular supervision and communication with their line manager. There was effective teamwork and staff communicated professionally with one another about people's care, both verbally and in regular, more formal meetings.

People said they enjoyed the meals and we found people's dietary needs were met well overall. One relative said, "The food is lovely, [my relative] can ask the cook for whatever they want". One person told us, "It's like a five star hotel here, a very nice lunch" and another person said, "The food is decent, you get hot meals if you want them, you get a couple of choices at lunch and tea, and three at breakfast as there is a cooked breakfast too". We saw the food was served to people by kitchen staff who knew people by name and worked alongside care staff to ensure people had their individual choice. Staff monitored people's intake of food and drink where
they had concerns about their health, although the optimum fluid intake was not always recorded on people's care records for staff to know when they had been given enough.

People had access to healthcare from relevant professionals in community teams, such as their GP, chiropodist and district nurse. One person told us they had been to the hospital for an appointment and one of the staff had accompanied them throughout. The registered manager showed us evidence of when other professionals had visited and advised staff on people's care, although this was not always clearly detailed in

people's care plans.

Good

Is the service caring?

Our findings

People told us staff treated them with dignity and respect when assisting with personal care, and were supportive and thoughtful. One relative said, "The staff are very welcoming and I can visit whenever I want, it's lovely."

Staff demonstrated a kind and caring approach to their interactions with each person and there was evidence of respectful relationships. Staff were polite, friendly and helpful, and we observed them consistently engaging spontaneously with people and addressing them by their names using a friendly tone.

People's emotional support was given consideration and staff reassured people if they felt anxious or upset, particularly for those who were living with dementia. Staff frequently gave reassurance through a light touch on a person's shoulder or arm, and made sure to look directly at people when talking with them or asking a question. Staff knew people's individual likes and preferences. They also knew important aspects of each person's life, such as who people's' family members were, their visitors and people's history, such as their work or interests.

People's views were encouraged within each care intervention and with regard to what took place in the home. Residents' and relatives' meetings took place regularly and these enabled discussion around matters such as menu choices, outings, upcoming events and anything individuals wished to raise.

Staff encouraged people to be as independent as they were able and this promoted their dignity. They thanked one person who tidied their own dishes away and they enabled people to go to places outside the home, such as the garden centre.

Good

Is the service responsive?

Our findings

People told us about activities in the home, such as painting and colouring, knitting, visiting musicians and singers, and trips out to the local garden centre, or by minibus elsewhere. Staff told us people joined in with activities within the other units and we saw a current activities schedule on the wall. People knew the activities co-ordinator who arranged other things for them to do, although this member of staff was on leave during the inspection and so we did not see a wide range of activities on the day.

We saw people watched television and discussed with staff which programme they wanted to watch. We heard music played that was familiar to the people and some people joined in to sing along. People told us the children from the local nursery had recently visited, which they enjoyed. There was a monthly newsletter which contained much information and was available in large print if required. This contained photographs of people involved in outings as well as announcing forthcoming events.

The care plans contained individual information regarding people's personal preferences for their care and although they were clear and easy to follow, they lacked some detail at times. For example one person who required continence products did not have the details in their care plan, and end of life wishes were not always recorded in detail. People and their relatives told us they had been involved in the care planning, although this was not always documented. We recommend care records are reviewed to include greater detail and show where people, relatives and other professionals have been involved in the care planning process.

Staff responded promptly to meet people's needs and they were aware of where each person was; we observed them listening out for the people who chose to stay in their own rooms, and they responded quickly when people called for them. Staff in all roles took time to chat with people. People and relatives were confident to speak with staff if they wished to make a complaint and minutes of their meetings showed the registered manager checked if they were happy with the service. Complaints were recorded and responded to appropriately. Compliments were also recorded and available in the entrance for people to read.

Good

Is the service well-led?

Our findings

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

People said they knew who the manager was and the manager 'goes round to check everyone is ok, chats to them and seems nice'. Staff and relatives were complimentary about the new manager's approach and the way the home was run.

We found very clear and detailed evidence of management oversight and quality assurance in the home. The new manager was very active and visible and in a short time had built good relationships with people, relatives and the staff team. Positive communication was demonstrated throughout the inspection as well as evident in meeting minutes and surveys we reviewed from staff, residents and relatives.

Staff in all roles were clear about their responsibilities and they were motivated and engaged in their work. The manager had good support from the regional manager through regular visits and supervision.

There was a clear quality audit process which showed lines of accountability for ensuring the service was well led, and identified improvements. Maintenance checks were recorded for premises and equipment, although mattress checks needed to be more frequent, which the manager agreed to immediately review. We saw the contract monitoring visit report which showed the provider acted promptly to rectify any identified areas of concern. Governance meetings took place regularly to discuss results of audits and progress of any action plans. Documentation to illustrate the running of the service was clearly filed, confidentially stored where
appropriate and very well organised.