

Leafoak Ltd

# Thurleston Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



### Overall summary

This was an unannounced inspection which took place on 3 November 2014.

Thurleston Residential Home is a care home which provides care and support for up to 37 older people, some of who may be living with dementia. There were 30 people living in the service on the day of our inspection.

The manager has applied to the Care Quality Commission to be registered and at the time of our inspection their application was being processed. 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.

Our previous inspection of the service took place on 28 July 2014 when we found concerns with care planning, how the service met people's nutritional needs, staffing levels and how the provider assessed and monitored the quality of the service it provided. Following our inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we saw that action had been taken.

# Summary of findings

Staffing levels had improved and people told us that there were sufficient staff available to meet people's needs, but we found there was little resilience for times of increased demand, such as meal times, or in the case of unplanned staff absence.

People living in the service told us they liked living in there and felt safe. We saw that staff provided care in a respectful and kindly manner. Staff ensured people's privacy and dignity was maintained.

The service offered some opportunities for people to participate in social activities and employed a part time

person for this role, but the service did not help people to maintain any hobbies and interests they may have had prior to moving into the service. People told us they would like more to do. There was access to a front garden, but access to the gardens was limited particularly for people living with dementia.

The manager and senior staff told us they were working to improve the way the service was led with plans for including people in regular residents meetings and newsletters for people and staff.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Medication administration was generally well managed and safe. However, medication rounds could take a long time and may mean that people did not always get the appropriate gap between doses.

Staffing levels were not always maintained at a level which provided sufficient staff to meet people's needs.

Staff were trained in procedures for safeguarding adults and knew how to implement these

**Requires Improvement**



### Is the service effective?

The service was not always effective.

People's had limited access to outside space.

Staff received a structured induction and regular training.

People were supported with their nutritional requirements.

**Requires Improvement**



### Is the service caring?

The service was caring.

People told us staff were kind and caring.

We observed staff supporting people with compassion

**Good**



### Is the service responsive?

The service was not always responsive.

People received care and support according to their likes and preferences.

**Requires Improvement**



### Is the service well-led?

The service was well-led.

The service carried out regular audits of the service to which were used to drive improvement.

Staff told us that the management had improved since the new manager took over and that new practices were being developed.

**Good**



# Thurleston Residential 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 inspection took place on 3 November 2014 and was unannounced.

The inspection team was made up of two Care Quality Commission inspectors 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 had experience of supporting a person with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvement they plan to make. We also checked the information that we held about the service and the service provider.

We reviewed the care records of four people who used the service and records relating to the management of the service. We spoke with 11 people who used the service and five relatives of people living at the service. We also spoke with seven members of staff including kitchen and domestic staff and care staff.

We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

At our last inspection in July 2014, we had concerns about the number of staff available to support people. We asked the provider to send us an action plan describing how they would make improvements. At this inspection we found that improvements had been made but there was scope to ensure that this was sustained and consistent. The manager told us that additional staff had been recruited. This included a cook, cleaners and care staff. The service uses a dependency assessment of people's needs to determine the number of staff required to provide people with the care and support they needed.

Staff said there were enough staff available. A relative told us, "There did not used to be enough staff but certainly better now and the staff are very nice, they are lovely and caring." However, two relatives gave examples of when they believed there had not been sufficient care staff available to provide care at the weekend. We discussed this with the manager and checked recent staff rotas. We found that the service had recruited additional staff to meet people's daily needs and was continuing to recruit care staff. The service could not demonstrate any resilience in their staffing numbers which meant that at times such as unexpected staff absence there were not sufficient staff available.

People received their medicines when they needed them. We observed medicine being given to people by staff in a caring manner. Staff took time to ensure people took their medicine offering a drink if required.

Medicines was stored securely in a locked room. Access to the medicines room was restricted to senior staff to ensure

staff dealing with medicines were not distracted and for security. Within the room was a separate lockable cupboard for controlled medicines and a lockable fridge for the storage of medicine which was required to be kept at a low temperature. Records were maintained of medicines received into the service and disposed of as well as medicines administered to people. We reviewed the medicines administration records for the previous month. These had been completed with no gaps. The management carried out regular audits of medicines administration records and we saw that appropriate action had been taken to address any discrepancies or errors by staff. However, staff told us that dispensing medication in the morning could take up to two and half hours. This could mean that people did not get the appropriate gap between their morning medication and lunchtime medication. We discussed this with the manager who told this had been addressed with the increase in staff numbers.

People told us they felt safe living in the service. One person told us, "I would not want to go back to my flat." A relative told us, "Yes [relative] is safe, and I have never seen anything untoward and I know [relative] loves it there."

Staff demonstrated that they understood what abuse was and how they would report any concerns they might have. This included the steps they would take to report to the local safeguarding authority should they need to do so. Staff had received training in safeguarding people from abuse and the training records we viewed confirmed this. Where safeguarding concerns had been raised the service carried out investigations appropriately.

# Is the service effective?

## Our findings

We noticed whilst carrying out this inspection that people had limited access to outside space. We asked people if they had access out into the garden and they told us only when taken by visitors. We had noted that there was a small garden area at the front of the premises which contained a seating area and a large grassed area at the rear of the premises. We also asked the manager if people had access to the outside. They told us they had held a garden party in the front garden area. The front area was not secure with no surrounding fence and the rear area had no seating area. Neither area was suitable for people living with dementia to access without supervision.

People living in the service and relatives we spoke with told us that staff had sufficient knowledge and experience to care for them effectively. One person told us, "I am quite happy and the staff are pretty good." A relative told us, "I stand outside and listen to [relative] and the carers and they laugh together and they encourage [relative] to do what they can."

Care staff we spoke with told us they received a structured induction which included shadowing other care staff. The manager told us that staff training was on-going and that training was planned and delivered throughout the year. Training records we saw confirmed that care staff had received appropriate training including moving and handling, safeguarding adults and dementia. This meant that the service was equipping care staff with the skills required to care for people.

We asked care staff what on-going support and development opportunities they received from the service. They told us that the support they received had improved since our last inspection. One carer gave an example of care staff meetings which now took place monthly. We saw that the manager was visible in the service and was available to provide support to staff if required. We saw that one to one supervisions for care staff had been planned but at the time of our inspection had not taken place.

We saw that care staff starting their shift attended a handover from the senior staff member on the previous

shift. Changes to people's care and support and any concerns were discussed at this handover. This meant staff were aware of any recent changes to people's physical condition or care needs.

Staff had received training in the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS]. They understood how ensure those with capacity made their own choices and those who did not had appropriate 'best interest' decisions assessed and recorded. In addition they knew that any restrictions on people's freedoms to keep them safe needed formal assessment and monitoring. The registered manager had submitted appropriate applications under DoLS and was waiting to hear back from the local authority. The local authority is the body responsible for deciding applications. Care records showed that the service had consulted appropriately with people, their relatives and care professionals when required.

We asked people about the food they received. One person told us, "The food is alright – I never go hungry and the portions are alright. You choose when the kitchen staff come around and ask what you would like and if there is nothing I like then I ask for a salad with grated cheese and a sweet, they are alright." Another person told us, "The lamb was nice today and lovely ice cream and peaches, nice, lovely, alright."

The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is a recognised method to assess people's nutritional state. As part of this screening we saw that people were weighed monthly and appropriate action taken to support people who had been assessed as at risk of malnutrition. The manager told us that further training in the use of the MUST tool had been booked with the community dietician.

We spoke with the chef. They told us they are informed of people's nutritional and dietary needs when they move into the service and if they change. They gave an example of how they met people's specific dietary requirements.

People told us they were supported to maintain their health with visits to dentists and opticians. Records showed that when required the service made appropriate referrals to general practitioners, dieticians and other care professionals.

# Is the service caring?

## Our findings

People living in the service said staff treated them kindly and with respect. One person said, “The carers are alright and if not I would tell them,” and a relative told us, “Yes they are caring from what I have seen and I have no complaints.”

We observed good interactions between people and care staff. For example we saw one carer going through the breakfast menu for the following day with people. They obviously knew everybody well and were chatting and joking with people making it easy for people to choose what they wanted. We saw a carer noticed when a person who had eaten their lunch in their room had not eaten much. They immediately went to the person’s room. They had a conversation about the person’s previous employment and the carer encouraged the person to eat their desert. This was a positive interaction with the carer showing concern for the person’s wellbeing in a caring and meaningful way and responding to their needs.

We observed the lunch time meal in the dining room. We saw positive interactions between staff and people with staff saying, “Let me help you with that,” and “Be careful, the plate is hot.”

The manager told us that recent meetings for people living at the service had not been well attended. They told us they were exploring ways of encouraging people to participate in meetings so that they could express their views. This included putting a note of the date of the meeting in people’s rooms.

People told us they had been involved with their care planning and were aware of their care plan. We saw that the in new style care plans, developed by the service since our last inspection had been signed by the person or their representative to confirm their involvement.

We observed staff giving people choice and enabling people to make decisions relating to the activities of daily living. When lunch was being served we saw that one person could not remember what they had ordered. Staff showed them the choice of meals to enable them to choose what they wanted for lunch.

We observed staff treating people with dignity. We became aware that a person had fallen because they were unsteady when walking. Care staff came quickly when the alarm bell was activated. They checked if the person was injured and provided constant reassurance. When they used the hoist to lift the person they explained what they were doing. The person was supported and treated with compassion during the incident.

# Is the service responsive?

## Our findings

At our last inspection we found concerns regarding people's care and welfare needs because the service had not assessed people's care needs fully before they moved into the service. We also saw that care plans had not been reviewed regularly to ensure they reflected people's changing needs. This was a breach of regulation nine of the Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we that everybody living in the service had an up to date care plan which reflected their care needs.

We saw that the new care plans contained an assessments of people's needs with clear guidance to staff as to how these needs were met. People's abilities and preferences were recorded, for example what they liked to eat and drink and watch on television. The senior carer told us that the care plans had been written with the person and we saw that people had signed the care plan to indicate their involvement.

People told us that social activity was limited. One person told us, "We residents, we have chatted and said we could do with some more activities" another person told us, "We have not done much this week as they are on holiday." A relative told us, "There does not seem to have been a lot on the activities front, card games, bingo, throwing the ball. They made poppies and leg exercises but the activities man is not always here."

We saw that the new style care plan recorded people's hobbies and interests before they moved into the service but we did not see that the service was supporting people to maintain these activities. The service employed one person whose job title was Activities Co-ordinator. We saw that they worked four days a week from 10.00am to 1pm. The service serves lunch at 12.30pm which meant that the amount of time to provide support for hobbies and interests would be limited. This person was on annual leave for the week of our inspection and no replacement had been identified.

We asked the manager about the support they provided to people to maintain their individual interests. They told us that they have instructed the Activities Co-ordinator to carry out more one to one engagement but could not evidence that this was happening and that staff were helping people with their interests. We observed staff supporting two ladies with nail care. However, we were not assured that people were being supported to carry on activities they pursued before moving into the service.

People's care plans contained information about their likes and dislikes and what was important to them. One care plan we looked at contained clear guidance to staff as to how a person, who could not communicate using words, communicated their wishes and gave or withdrew consent. We saw that people or their representative had signed sections of the care plan to indicate their consent and involvement.

People we spoke with told us that their personal care was managed to meet their changing needs. One person living in the service told us, "I am looking after myself, I wash and dress myself and make my bed, they cream my legs and I dress myself. I said from the start that I would not have a gent help me with my bath." One relative told us they had raised a concern about the gender of the member of staff providing care which had caused distress to their relative and this had been addressed to their satisfaction.

The service had a complaints policy which was displayed in the reception. This included the procedures to be followed if a complaint was received. There was a copy of this in each person's room. The service had received five complaints in the last year. As a result of a complaint procedures and staffing in the laundry had been revised. People we spoke with told us that the laundry service had improved.

**We recommend that the service explores and seeks guidance from a reputable source, about daily meaningful activities for people.**



# Is the service well-led?

## Our findings

At our last inspection we found concerns regarding how the provider assessed and monitored the quality of the service. This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found these concerns had been addressed with regular monitoring taking place.

The registered manager had left the service prior to our inspection. The provider had appointed a new manager who had applied to the Care Quality Commission to be registered as the manager. They told us that they encouraged people and staff to come and speak with them if they had any concerns. New senior staff had also been recruited to support the manager with improvements.

Staff spoken with told us that the service had improved since the new manager had taken over and that communication between management and staff was better. They told us that now when they make suggestions for improvements they will be listened to whereas previously they were not. They felt that they were still getting to know the new management team but felt that were being supported to improve the service.

There were systems in place to monitor the quality and safety of the service. The senior carer on duty told us how that they carry out wellbeing sweeps during their shift to ensure people were being cared for effectively. There were regular audits with regard to health and safety, infection control and the management of medicines. We saw that where deficiencies were identified during an audit these were addressed and opportunities for improvement identified.

A new senior carer, who had been working in the service for six weeks, told us how they were supporting the manager to improve the culture of the service and ensure care was centred on what a person needed rather than staff being given tasks to carry out. They showed us a newsletter they had produced for staff covering issues such as personal space and the appropriate use of language.

The manager and staff had a shared understanding of the challenges and achievements of the service. This was achieved with regular surveys of people living in the service, relatives and staff. These were on a different subject each month. The results were analysed and used to make improvements to the service. We saw there was a staff newsletter produced in October which covered areas such as infection control, the use of mobile phones and dealing with soiled laundry. We were told that it is the intention of the service to produce the newsletter monthly.

The manager told us that they produce a monthly management report which they discuss with the provider. The manager told us that the provider supported them with requests they made to improve the environment such as new flooring for the dining room which had been ordered.

People told us the provider visited the service and spoke with them regularly. They visited the service on the day of our inspection and we saw that they greeted people and knew them by name. The provider told us this was their informal way of ensuring people received the care they required.