

PWC Care Limited

# Thorn Hall Residential Care Home

## Inspection report

West Wing  
Main Road, Thorngumbald  
Hull  
Humberside  
HU12 9LY

Tel: 01964622977

Website: [www.pwccare.co.uk](http://www.pwccare.co.uk)

Date of inspection visit:

16 May 2019

17 May 2019

Date of publication:

27 June 2019

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Thorn Hall Residential Care Home is a small care home that is registered to provide support to 11 older people, some of whom may be living with dementia. At the time of our inspection, 11 people lived at the service.

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

Quality assurance systems had been implemented. However, audits were not completed regularly enough to identify and address problems in a timely manner. People were included in the development of the service and their preferences were taken into account.

People were happy with the care provided as staff were kind and caring. People said, "Staff are very nice and kind. I haven't found anything I dislike." Staff respected people as individuals and supported people to maintain their independence. People told us staff maintained their privacy and dignity, though some care practices did not always promote this.

People trusted and felt safe with staff and there was enough staff to meet people's needs. Recruitment, induction and ongoing training processes helped ensure only suitable staff were employed and that they had the required skills and knowledge. Staff were supported by the management team and received supervision and annual appraisals. People received their medicines as prescribed.

People enjoyed the quality and variety of the food and could help themselves to snacks and drinks. People were supported to access healthcare services and care plans were regularly updated to enable staff to meet people's needs and provide person-centred care.

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 could access a range of activities and spent their time as they chose.

People were happy with the management of the service. Complaints were addressed to people's satisfaction and in line with the provider's policy. Information was analysed to aid learning and to improve care.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 19 May 2018) 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 we found some improvements had been made, though

the provider continued to be in breach of one regulation. This service has been rated requires improvement for the last three consecutive inspections but has now improved to good.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to the assessing, monitoring and addressing quality shortfalls at this inspection. Please see the action we have told the provider to take at the end of this report.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Thorn Hall 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 completed by one inspector.

#### Service and service type

Thorn Hall Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service, one relative, three care staff and the registered manager. We also spoke with the nominated individual who also worked as the cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one professional who regularly visits the service. 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.

We completed a tour of the environment and looked at a range of documentation including three people's care files and medication records for two people. We looked at a selection of documentation for the management and running of the service such as recruitment, induction, supervision, competency assessments and staff training. We also looked at audits, and compliments and complaints.

#### After the inspection

We were sent further information from the registered manager which included training data and quality assurance records. We spoke with one professional who regularly visits 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 now improved to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection we found further work was required around infection control practices. The provider had made improvements.

- The registered manager monitored cleaning schedules to ensure the home was clean and tidy. We found flooring in one toilet was not sealed and could not be sufficiently cleaned.
- Staff were trained in infection prevention control and wore gloves and aprons appropriately to help prevent the spread of infections.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe and secure with staff and described them as trustworthy.
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. Staff told us they were confident any concerns they raised would be acted upon.

### Staffing and recruitment

- The registered manager monitored staffing levels to ensure they were appropriate to meet people needs. People confirmed staff supported them in a timely manner.
- The providers recruitment processes helped ensure only suitable staff were employed.

### Using medicines safely

- Medicines systems were organised, and people received their medicines when they should.
- Medicines were stored appropriately, and systems were in place to ensure sufficient stock levels.
- Staff were knowledgeable about how people liked to take their medicines. We observed people being supported with their medicines in a personalised manner.
- Protocols were in place to guide staff how to administer 'as and when required' medicines, also known as PRN.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing had been identified. Appropriate strategies were in place to enable staff to monitor and minimise the risks in a person-centred manner.
- The provider maintained the safety of equipment through regular checks, servicing and maintenance.
- Fire safety checks were completed, and personal evacuation plans were in place to ensure people received the right support in an emergency.
- Accidents and incidents had been responded to appropriately. However, they were not always logged in the same place which meant it was difficult to analyse and learn from them.

- The provider had identified that people were at risk of burns through uncovered radiators that had the potential to become hot. However, they had not consistently managed this risk as they had covered some, but not all radiators.

The registered manager acted immediately during and after the inspection. They arranged for radiators to be covered and reviewed their process for analysing accidents and incidents.



# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure staff were suitably qualified, skilled and received appropriate training. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- New staff completed the provider's induction programme and mandatory training, which ensured they had the skills and knowledge to support people safely. The registered manager monitored staff rotas to ensure suitably trained staff were on shift.
- The registered manager completed competency assessments of staff skills and knowledge. However, records did not always show the knowledge staff had. We raised this with the registered manager who reviewed and updated their competency assessment process during the inspection.
- Staff received supervision and were positive about the support and guidance provided by the management team. A staff member said, "[Registered manager's name] and [Nominated individuals name] have always told us 'If you need to know something just ask.' No questions are silly questions."
- Professionals were confident in staff skills and knowledge. A professional told us, "Staff are approachable, friendly and willing to learn."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

At our last inspection, the provider had failed to gain people's consent before providing care and treatment. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- People confirmed they were offered choices and staff respected their decisions.
- Staff sought consent and people were supported to make their own decisions. Staff were knowledgeable about the MCA and assumed people had capacity unless proved otherwise. Though not all staff were trained in the MCA and DoLS.
- Where people lacked capacity, decisions were made in their best interests with the support of family or professional advocates. One person's care plan did not record a decision made regarding the use of scratch mittens. We raised this with the registered manager who addressed this during the inspection.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were effectively assessed, and their preferences were considered when arranging their care. The assessments were used to develop care plans to support staff to provide appropriate care.
- The environment had been adapted to promote the independence of people living with dementia. Handrails, doors and doorframes were painted to help them stand out.
- Pictorial signage was used to help people find their bedrooms, toilets, bathrooms and communal areas. This included people's photos on their bedroom doors.
- People's rooms were personalised to their tastes. One person's bedroom had been painted their favourite colour and had been decorated with butterflies, teddies and bunting.

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

- People were complimentary of the variety, quality and amount of food. A relative said, "They feed [Name] well and when I come in they always offer me a cup of tea and a cake."
- People were encouraged to help themselves to drinks and snacks. A variety of snacks and cold drinks were available for people and these were refilled regularly.
- Creative activities were used to help ensure people drank enough. People took part in 'milkshake making', 'thirsty Thursdays' and were offered ice lollies to maintain their health and wellbeing.

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

- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice. A professional said, "Staff were very effective in dealing with the GP and ambulance. As time has gone on, [Name's] health issues have reduced and is now feeling the best they have felt in a long time."
- Staff were knowledgeable about the support people needed. However, one person's daily records did not show catheter care was provided in line with their care plan, which increased the risk of complications occurring.
- Care plans contained specific information about each person's healthcare needs which provided staff with consistent understanding.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Staff were kind, caring and trustworthy. One person said "Staff are great. They can't do enough for you, nothing is too much trouble for them."
- Staff valued and promoted people's happiness. The cook told us, "[Name] can get stressed so we make pink angel delight to help them calm down. They love anything pink."
- People were happy and relaxed with staff and each other. Staff engaged people in meaningful conversations, spoke to them respectfully and regularly checked how people were.
- Staff were trained in equality and diversity and respected people's personal histories. People were supported to practice their religion and celebrate religious festivals.

Respecting and promoting people's privacy, dignity and independence

- People told us staff maintained their privacy and dignity. Staff understood how to do this, though some care practices compromised people's dignity. Staff gained consent to apply people's creams, however, this was done in communal areas.
- People could meet privately with their visitors and meetings were held where people wanted them. People's post was given to them unopened.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. One person said, "When getting ready for bed, staff always ask if I want to do it or if I want them to do it."

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

- People were effectively supported to make decisions about their care. Staff supported people with their routines and offered them choices.
- Staff worked with people and their families to find out how they liked to be cared for and this was recorded in their care plans.
- People were supported to access advocacy services or had support from their family with making decisions.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 confirmed staff provided care in line with their wishes and personal preferences. Care plans focused on people's strengths and contained information about people's likes, dislikes, interests and personal histories, which supported staff to provide person-centred care.
- People were offered choices and staff respected their wishes. One person said, "Staff ask if I want to get up, sometimes I ask for a bit longer in bed, so they leave me until I'm ready. They are still getting to know me but have learnt my routine pretty quickly."
- Care plans were reviewed and updated regularly. One person's care plan was updated with the healthcare professional, ensuring staff had current information to provide effective care.

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 were supported to pursue their hobbies and interests. These included using the internet, sending emails, playing board games, cards and crafting. One person from the local community also provided a weekly game of bingo.
- Staff respected people's decision if they chose not to participate in activities and spent time talking with them.
- The registered manager arranged open days and entered the home into the local scarecrow competition to promote inclusion in the local community.

End of life care and support

- Staff recognised the importance of good end of life care and told us they liaise with healthcare professionals to ensure people have the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff had received a compliment regarding the support they provided to a person at the end of their life. A relative commented, "Thank you so much for the love, care and comfort you gave my relative [Name] in their final days. I could not have asked for more. Thank you all so much."
- Care plans documented people's preferences and included spiritual and cultural information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- AIS care plans documented people's communication needs, which helped staff to provide information in a way each person could understand.

Improving care quality in response to complaints or concerns

- People were complimentary of the service and were confident any concerns would be addressed. Complaints and concerns were investigated and resolved to people's satisfaction.
- The provider had a complaints policy and procedure which staff understood. Staff resolved any issues where possible or passed on concerns to the management team.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider had failed to operate effective systems to assess, monitor and improve the quality of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 17.

- The registered manager completed audits, however, they were not done frequently enough to address problems in a timely manner.
- A health and safety audit identified the risk of uncovered radiators and was reviewed by the nominated individual. Though no actions had been implemented and a suitable timescale to resolve the problem had not been set.
- Governance systems had not been reviewed to ensure they remained fit for purpose. The building layout had changed, though audits were not updated to show these changes.

The lack of regular audits and monitoring of the service placed people at risk of receiving a poor-quality service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Quality assurance systems were more closely monitored. The nominated individual analysed compliments and complaints, staffing, incidents and people's health needs to monitor what was working well and if any improvements were needed.

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

- People, staff and professionals were included in the development of the service. The registered manager spoke with people and sent out questionnaires to help identify how the service could be improved.
- Meetings were held to ensure staff were kept informed and they were encouraged to suggest ideas. A staff member said, "If I thought of anything that could change or any ideas, I could put them forward and they would be well received."

Continuous learning and improving care; Working in partnership with others

- Accidents and incidents were monitored to look for patterns and trends to learn from them and improve care. Learning was shared with relevant professionals.
- The service had effective working relationships with other organisations and professionals to ensure people received the right support.

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

- People were happy with the service provided. One person said, "I can't think of anything they could do better. I have nothing to complain about, they're really good."
- Staff felt supported and were positive about the management team. A staff member said, "I think the management is really good, they're approachable and things run smoothly."

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

- Honesty and accountability were promoted. The registered manager told us, "If staff make a mistake we ask them to be honest about it."
- The registered manager understood their legal obligation to let people know when things went wrong and had processes in place to respond appropriately.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to monitor and improve the quality of the service were not effectively operated and reviewed to ensure they remained fit for purpose, which meant people were at risk of receiving a poor service. Regulation 17 (1) and (2)(a).</p>