

# Greensleeves Homes Trust

# Thornbank

## Inspection report

6 Westerfield Road  
Ipswich  
Suffolk  
IP4 2UJ

Tel: 01473253346

Website: [www.greensleeves.org.uk](http://www.greensleeves.org.uk)

Date of inspection visit:  
14 March 2018

Date of publication:  
10 April 2018

## 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

Thornbank is a residential care home that provides care for up to 33 older people. Some people using the service were living with dementia. At the time of this unannounced inspection of 14 March 2018 there were 30 people who used the service.

At our last inspection on 12 February 2016, we rated the service overall Good, The key questions Safe, Caring, Responsive and Well Led were rated good. The key question Effective was rated Requires Improvement with a breach of Regulation 11 of the HSCA Regulated Activities 2014, Need for consent. Shortfalls included people had not been assessed properly in relation to their mental capacity and where required best interests meetings had not been completed.

We asked the provider to complete an action plan to show what they would do and by when to improve the key question of effective. The provider submitted an action plan to us about the measures they were taking to address the concerns found at the previous inspection. This included training in the Mental Capacity Act and Deprivation of Liberty safeguards, competency assessments for all staff, weekly observations by the registered manager and improvements to people's care records regarding their capacity.

During this inspection 14 March 2018 we found that the improvements had been fully embedded into practice and Effective is now rated as Good. We found the evidence continued to support the overall 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.

The service continued to provide a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse, falls and with their medicines.

Staff understood their roles and responsibilities in keeping people safe. They were trained and supported to meet people's needs. Staff were available when people needed assistance and had been recruited safely.

People were complimentary about the care they received and the approach of the registered manager and staff. They told us that they felt safe and well cared for. Staff had developed good relationships with people. Staff consistently protected people's privacy and dignity and promoted their independence.

Systems were in place to receive, record, store and administer medicines safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

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 enjoyed a positive meal time experience and were enabled to eat and drink enough to maintain a

balanced diet. They were also supported to maintain good health and access healthcare services.

People received care that was personalised and responsive to their needs. They participated in meaningful activities and were supported to pursue their interests. The service listened to people's experiences, concerns and complaints and took action where needed.

The environment met the needs of the people who lived there. All areas of the home were clean and in good state of repair with equipment maintained.

The registered manager was accessible, supportive and had good leadership skills. Staff were aware of the values of the provider and understood their roles and responsibilities. Morale was good within the workforce.

The service had a quality assurance system and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result the quality of the service continued to improve.

## 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 remains Good

### Is the service effective?

Good ●

The service has improved to effective.

People's rights were protected in line with the Mental Capacity Act 2005 and DoLS.

Staff were trained and supported to meet the needs of the people who used the service.

People were supported nutritionally in accordance with their needs.

People were supported to maintain good health and had access to appropriate healthcare services. The service worked with other professionals to provide people with a consistent service.

The design and layout of the building met the needs of people who lived here.

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Thornbank

## 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 checked 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 unannounced comprehensive inspection on 14 March 2017 was carried out by one 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.

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 improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority, Healthwatch and members of the public.

We spoke with thirteen people who used the service, five relatives and one visiting healthcare professional. We observed the interactions between staff and people. We spoke with the registered manager and ten members of staff including care, domestic, catering and maintenance. We also received electronic feedback from two health and social care professionals.

To help us assess how people's care needs were being met, we reviewed four people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our last inspection of 12 February 2016, the key question Safe was rated as Good. At this inspection of 14 March 2018, we found the same level of protection from harm and risks. Staffing numbers remain consistent to meet people's needs and the rating continues to be Good.

People told us that they felt safe living at the service. One person told us, "I feel very safe, the building is well looked after. [Maintenance person] does fire drills and always checking things like wheelchairs and [other moving and handling equipment] to make sure it is safe." A relative commented about the staff approach, "I'm more than satisfied [person] is safe, we know if [person] rings their call bell it will be answered and they will come as soon as they can."

Staff knew how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. When concerns were raised, the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. We found that lessons were discussed and disseminated to staff through team meetings, so that prevention strategies could be used to prevent others experiencing similar events. A member of staff said, "I wouldn't hesitate to voice my concerns and report bad practice if I thought something was wrong."

We saw that people were safe in the service and comfortable with the staff who supported them. Staff assisted people, where required, to maintain their safety. This included helping them to mobilise safely using appropriate equipment and ensuring they had access to their walking frames to reduce the risks of falls. One person said, "I use my frame to help me get about."

Risks to individuals were well managed. People had up to date risk assessments to guide staff in providing safe care and support. This included nationally recognised tools for assessing any nutritional risks or risks associated with pressure damage to the skin. People who were vulnerable as a result of specific medical conditions such as diabetes, types of cancer and dementia had clear plans in place. This guided staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. A visiting professional told us that, "Staff including the management team are aware of people's needs and risks are safely managed."

Safe systems were in place to minimise the risks to people because electrical, fire safety and the water system were regularly checked to ensure they were safe.

The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people.

The majority of people felt that there was enough staff to meet their needs. One person said, "I can usually find someone when I need them or I use by buzzer." However several people told us of instances since our last inspection where there had been staffing issues, changes in personnel and reliance on agency staff. One person said, "At times they are a bit short staffed. I have a buzzer, if I press it they come up, they are very good, very quick." Another person commented, "There is not enough of them, I don't use an alarm, but I notice other people having to wait a very long time, it must be frustrating."

We found the staffing level was appropriate to ensure that there were enough staff to meet people's needs safely. People's requests for assistance were responded to in a timely manner. The management team used a dependency tool to work out the required number of staff and this was adjusted regularly to accommodate people's assessed level of need as this varied. The registered manager acknowledged that there had been issues with recruitment and this had meant relying on a preferred agency to maintain safe staffing levels. They told us how they were addressing this through active recruitment and that new staff had been employed. They shared with us relative and resident meeting minutes where we saw that people were kept informed about the staffing arrangements. A relative told us, "There were staffing issues for a while, but [registered manager] has been very good at recruiting, I haven't seen any agency staff here for a while."

Medicines were safely managed. One person told us that the staff, "Tell you what your medication is at the time they give it." Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept. We observed a member of staff administering medicines appropriately and told us they were confident that people received medicines as they were intended.

People and relatives told us that they felt that the service was clean and hygienic. One person said, "It is immaculate always spotlessly clean, smells nice and fresh. They [domestic staff] do a very good job." A relative said that the service was, "Very clean, without the overpowering smell of bleach. It's their home not a hospital." People were protected from the prevention and control of infection. Staff had received the training they required and knew what they should be doing and who to inform if there was a notifiable outbreak of any description. There were systems in place to reduce the risks of cross infection. The service had achieved the highest rating in a food hygiene inspection in August 2017.

The registered manager made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to staff where errors for example with medicines had been identified. They had also implemented policy of the month focussing on one of the provider's policy and procedures with an accompanying workbook that the staff had to complete to assess their understanding. The management team followed this up with competency checks to ensure best practice.

## Is the service effective?

### Our findings

At our last inspection of 12 February 2016, the key question Effective was rated as Requires Improvement. We identified a breach of Regulation 11 of the HSCA Regulated Activities 2014, need for consent. People had not been assessed properly in relation to their mental capacity and where required best interests meetings had not been completed.

The provider submitted an action plan to us about the measures they were taking to address the concerns found at the previous inspection. This included training in the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLS), competency assessments for all staff, weekly observations by the registered manager to maintain best practice and improvements to care documentation regarding people's capacity. At this inspection we found that these measures had been fully embedded into practice, and the service was no longer in breach of this regulation. Staff continued to have the level of skill, experience and support to enable them to meet people's needs effectively. People continued to be supported with their dietary and health needs. We have changed the rating to Good.

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 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 were being met. We found DoLS applications had been made to the local authority and authorised where appropriate.

People's care records identified their capacity to make decisions. Staff had been trained in the MCA and DoLS and demonstrated they understood MCA and how this applied to the people they supported. One person said, "They (staff) listen to me and respect my choice." Another person told us how the staff had recognised their right to make their own decision about taking their medicines they said, "I told them (staff) I didn't need it I was not in any pain or discomfort and [this was respected]."

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and were regularly reviewed and updated. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Feedback from a healthcare professional confirmed that appropriate referrals were made by the service and guidance was acted on.

People continued to be supported to maintain good health. Conversations with staff and records seen demonstrated that the staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. One person told us that, "I've got leg trouble, the nurse comes every Tuesday and changes the dressing." Another person said, "The doctor comes here once a week to visit, if you want to see them you can." A relative told us, "They (staff) are really good at managing [person's] dementia and associated behaviours and moods. They will call the [specialist healthcare team] to get advice when it's needed." Another relative said, "[Person] gets to see a doctor when they need to,



[person] had a few days in hospital at the beginning of the year, it was the middle of the night and they had breathing problems, so staff called the paramedics straight away."

Staff told us that they had the training they needed to carry out their role effectively. This included training associated with peoples specific and diverse needs such as stroke awareness, pressure area care, nutrition and hydration and diabetes awareness. Records showed that upcoming training to support staff included end of life care, managing behaviours that challenge and an accredited course recognising the importance of quality life for older people to provide person centred care.

Records and discussions with staff showed that staff continued to receive supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

People enjoyed a positive meal time experience and were supported to maintain a balanced diet. They told us they were happy with the food they were served. One person said, "The food is excellent, we have a great chef. They come around in the morning and tell you the choice; today I'm having a roast without the meat. We get plenty of choice, if we don't like what they have we can ask for something else." Another person said, "Food is fairly good. Pretty tasty and comes at the temperature I like." Where people required assistance with their meal this was provided sensitively.

Our observations and records showed that appropriate action had been taken by the service in response to specialist feedback given to them in regard to people's dietary needs. For example, by introducing food that was fortified with cream and extra calories to enable people identified as at risk of malnutrition to maintain a healthy weight.

People were involved with the decoration of the premises. They told us about choosing the colour of their bedroom and that they were consulted on changes to communal areas. The design and layout of the premises and garden was appropriate to meet people's needs.

## Is the service caring?

### Our findings

At our last inspection of 12 February 2016, the key question Caring was rated as Good. At this inspection of 14 March 2018 we found people remained happy living at the home, they continued to be complimentary of the staff and management team and felt cared for. The rating continues to be Good.

People told us the staff treated them with respect and kindness and promoted their independence. One person said the, "Staff are very nice, chatty and helpful." Another person told us, "Staff are pretty good, I haven't come across anyone I dislike. When asked for it they help you, they are very good." A third person commented, "The carers are very good; I've got no grumbles about anything. They are wonderful, they do a good job." A fourth person added, "I can easily wash myself, I like to stay independent, I just ask them if my clothes are coordinating as I can't see."

Relatives shared with us their positive experiences of how people were cared for in the service. One relative said, "[Person] is well looked after, staff are really good with them, they show [person] a lot of respect, always make me welcome, make me a cup of tea. It has a nice atmosphere." They added, "[Person] loves the banter, loves the female carers, but the male carers are great with them, it's nice to have the balance, they can chat to them about football." A third relative commented, "The carers are great, they treat [person] with respect, it's everything I would expect. [Person] is always clean and tidy; has their hair done once a fortnight."

There was a friendly atmosphere in the service. People were relaxed in the presence of staff and the management team. Staff were caring and respectful in their interactions and we saw people laughing and smiling with them. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. One person told us that they had lived in the service, "For a very long time and wouldn't be anywhere else." They explained how the staff knew them well and how they liked to feel useful they said, "I like sweeping the floor, cleaning up the mess. I don't like living alone so I like the company."

People's right to privacy and dignity was respected and promoted. Staff continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices. One person told us, "I usually let them [staff] wash and dress me, they cover up my modesty, they are patient with me. I have male carers, it doesn't bother me, they are better than the women sometimes. Today on our table one lady wouldn't eat but [male member of staff] was able to feed her." A relative shared with us how it was important to their family member to be smart and well dressed and how staff encouraged them to be independent, "[Person] tries to do as much as they can, they have help with personal care, it's more prompting. [Person] loves their bath; it's the highlight of their week. [Person] always looks good, clean, well turned out and their clothes are always clean."

# Is the service responsive?

## Our findings

At our last inspection of 27 August 2015 the key question Effective was rated as Good. At this inspection of 14 March 2018 we found staff continued to be responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

One person described their experience of living in the service, "It's a very happy home. Everyone is pleasant and friendly. I enjoy the food, the entertainment is good; plenty to do. My family can visit whenever they want. I have made new friends here; am never lonely. The staff are all lovely and can't do enough for you. I love living here."

People told us their choices were respected and acted on in line with their wishes. One person said, "The staff are extremely cooperative, they will do practically anything. I feel they are always very good and obliging. You feel they are interested in you." Another person commented, "I get up at 5am, that's my idea so I miss the rush, then I sleep in my chair until breakfast, that's my favourite meal."

People's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This included clear instructions for staff in the care plans on how best to support people, and took account of their needs, choices and preferences. This information enabled staff to get to know people quickly and to care for them in line with their wishes. Care plans were detailed and were kept under regular review. They were kept secure.

Staff supported people to pursue their interests and hobbies and to engage in meaningful activities. There were photographs displayed around the service of people taking part in activities together. This included arts and crafts, quizzes, gardening, knitting, film making, exercise classes and external trips to the theatre and shopping. During the afternoon we saw an activity session organised by a visiting parent and toddler group. People who used the service and children interacted together playing with different musical instruments. One person said, "I love it when the little ones come. Makes me smile. I look forward to their weekly visits."

People told us they enjoyed the activities provided. One person said, "I enjoyed the proms afternoon. I meddle about and do whatever is available. There are a lot of activities. I've been out with the [activity coordinator] a couple of times, they are top of the pops as far as I'm concerned, and they enjoy it too." Another person told us, "Sometimes there are things going on, you can take part in it or not, it's all very friendly. You sit around, knit and read. We haven't been out much recently, that can be frustrating at times, but I do know the code to get out. We are all at different stages of mobility and activity; it's difficult to put us together as a group. We don't have many films." A relative commented, "They seem to have a lot of activities going on which they participate in. They put pictures on [social media site], its lovely seeing them doing things, they always look happy. [Person] helps put flowers in the vases on tables, they go out in the minibus, and they went for a meal the other day."

People's wish to not participate in group activities was also respected with one person telling us, "At the

moment I stay in my room a lot, I don't get bored, I do my word searches, I watch telly a lot, staff pop in now and again." Another person said, "I watch telly, I don't go downstairs as I can't get about, it's very rare I go down. I'm quite happy here in my room. My brother visits, staff come and chat, I have a newspaper delivered."

The service was active in the local community and had established positive relationships with the local primary school. The registered manager explained, "We have formed a choir with their pupils, our residents have also assisted with classes reading and learning, along with play days" to raise money for charity. They explained how maintaining links in the community through a variety of activities helped to, "assist with combating loneliness, helplessness and boredom from the residents lives, by building friendships that last."

The service routinely listened to people to improve the service on offer. Their feedback was viewed as a positive way to improve and develop the service. This included acting on their requests for a café, bar and night club within the building. The registered manager advised that work was due to start in the next two months and would, "enhance the residents lives further and will again have community involvement. Once the project is completed we will be inviting the community to use the facilities along with our newly built hair salon."

A robust complaints process was in place that was accessible and all complaints were dealt with effectively. One person said, "We had one [member of staff] from an agency, they were terrible, I reported them to the manager and they said we won't have them anymore and we haven't. If I need help I just ask." A relative commented, "If I've got any issues I can see someone and chat to them. [Person] is compos mentus, so can tell me if there are any problems. I've had one minor problem that was sorted. Communication is very good." A member of staff told us that they were confident to deal with concerns raised and that any issue was dealt with by the management team.

No one at the time of our visit was receiving end of life care. However, care records showed us that staff had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Staff were able to tell us how they would ensure that a person had a comfortable and pain free death. The registered manager advised us they were planning further training and support to staff on advance care planning (ACP), working closely with the local hospice team. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

## Is the service well-led?

### Our findings

At our last inspection of 27 August 2015 the key question Well Led was rated as Good. At this inspection of 14 March 2018 we found the management team were proactive and took action when errors or improvements were identified. The registered manager was able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. Therefore the rating continues to be Good.

The service had a registered manager. 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. Statutory notifications received showed us that the registered manager understood their registration requirements.

The registered manager promoted a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback of people, relatives and staff. We saw evidence to support that people's views were used to influence what happened in the service. For example, changes to the garden and fencing and their involvement in the plans for a nightclub within the building.

People and relatives told us they felt able to talk to the registered manager about anything they wished. One person said, "The manager is very good, they listen." Another person commented, "The boss is very nice; keeps their word." A relative added, "[Person's] settled in, I was looking for somewhere homely. They look after people here, [registered manager] asked me if I wanted [person] moved to a more suitable room when one became available and I hadn't thought of that."

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the management team if they had any problems and that their concerns would be listened to. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the management team. One staff member said, "I came here after working as an agency staff. I really liked it. I haven't shadowed as I knew the residents. I feel I've got the support I need, I have lots of training, and they [management team] have been very flexible with my rota. This home is very much run on a person-centred approach, it's a not for profit organisation so they put the money back to improve the service." Another member of staff said, "We said there was not enough staff they [registered manager] listened and have recruited more staff. It takes time to get the right staff they have to be trained. It's good we are not using agency so much now; it's more consistent. It has taken time but can see things are getting better."

People and their relatives were given the opportunity to voice their views of the service and to make suggestions on how the service could improve. There were regular resident and relatives meetings held. These were well attended and had detailed minutes that showed the people who lived there truly influenced what happened at the service. Information included updates on agreed actions, staff changes, training and any planned improvements. It also set out the activities planned for the future and encouraged people to get involved in any way they chose. One person said, "We have residents meetings, things take time to change. I have complained, and it was resolved." A relative shared their experience, "I do go to relative

meetings, and I think they can be effective, they do enable people to talk freely."

The registered manager continued to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. Examples included; medicine audits completed by the supplying pharmacist had action taken, this along with the monthly audit conducted by the management team ensured medicines were managed safely. We saw that these audits and checks supported the registered manager in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place.

The registered manager collated information relating to the running of the service which they shared with the provider through regular reporting. This covered everything from admissions, safeguarding, maintenance of the building, to falls, care reviews and people on palliative care. This information provided oversight of what was happening within the service and contributed towards plans for the continual improvement of the service.

The registered manager described several changes made to improve the service since our last inspection. This included the introduction of policy of the month to support staff with their understanding of the provider's procedures and implementing an electronic care records system to ensure consistency and quality of care was maintained.

The service worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. A visiting healthcare professional said, "We have a good working relationship with the service. We visit weekly. The communication is good. People are well cared for and instructions followed. Staff and management know people's needs and how to care for them."