

Isand Limited

Thornfield House

Inspection report

261 Highfield Road
Idle
Bradford
West Yorkshire
BD10 8QY

Tel: 01274414165
Website: www.casbehaviouralhealth.com

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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

About the service: Thornfield House specialises in providing care and support to people with learning disabilities. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to seven people and seven people were living there when we inspected. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when they were coming and going with people.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. There was a strong focus on promoting choice, control and independence. People's support focused on taking positive risks to ensure they had as many opportunities as possible for them to gain new skills and become independent.

People received good care and support which met their individual needs.

People and relatives praised the home and the way in which care was provided.

People were supported in a safe environment. Risks to people's health and safety were assessed and managed. The service learnt lessons and improved the safety of the service following incidents.

There were enough staff deployed to ensure people received their required care and support. Staff were kind and caring and treated people well. Staff knew people well and had developed good, caring relationships with them.

Staff had received training to enable them to care for people living at the home.

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.

Medicines were managed safely, and people's health needs were met.

The service was well managed. The provider had robust systems in place to assess, monitor and improve the service. People were given opportunities to have a say in how the service was provided.

Rating at last inspection: Good. (Report published November 2016).

Why we inspected: This was a planned inspection based on the last rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Thornfield House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type: Thornfield House is a residential care home providing accommodation and personal care to people with learning disabilities. The new manager was registered with the Care Quality Commission on 3 June 2019, this was after we visited the service. 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: The inspection was unannounced on the first day.

What we did:

Before our inspection, we looked at all the information we held about the service. We asked the provider to complete a Provider Information Return (PIR). The PIR 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 viewed information we had received about the service, for example, from the local authority safeguarding and commissioning teams, and notifications from the provider.

During the inspection we spoke with three support workers, the manager, the deputy manager, two regional managers and a peripatetic manager. We spoke with one person who lived at the home and two relatives. We observed staff supporting people in the communal areas and looked around the home. We reviewed three people's care records, three staff files and other records relating to the management of the home.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People supported and relatives told us the service was safe. People told us they knew who to talk to if they were unhappy or worried about anything.
- One person who used the service told us, "I like living here." A relative said, "[If I have] any concerns I just talk to them and it is dealt with."
- Staff told us they had no concerns about people's safety. They knew how to recognise and report concerns about people's safety and welfare. Staff were confident the management team would take appropriate action to deal with any concerns.
- There were procedures in place to reduce the risk of financial abuse. People's money was stored securely and properly accounted for.
- Any concerns raised were dealt with appropriately and reported to the relevant agencies.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed safely.
- Risks to people's health and safety were assessed and a range of detailed risk assessments were completed. Staff understood how to support people and manage risks.
- The service promoted a culture of positive risk-taking supporting people to live full and active lives with as few restrictions as possible.
- The premises were well maintained. Detailed safety checks were in place and actions taken when issues were identified.
- Procedures were in place to make sure everyone knew what to do in the event of an emergency. This included people supported and staff taking part in regular fire drills.

Staffing and recruitment

- There were enough staff deployed to make sure people's needs were met.
- Staff were available to support people to take part in a range of activities inside and outside the home.
- Staff were recruited safely.

Using medicines safely

- Overall people's medicines were managed safely.
- Medicines were stored securely.
- People's medicines were reviewed at regular intervals which helped to make sure they were not taking unnecessary medicines.
- Staff who supported people with their medicines received regular training. Competency checks were carried out, in line with recognised good practice guidance, to make sure they were following the correct

procedures.

- Most of the medication records were up to date and accurate. In one person's records we found information about an allergy, which was in their care plan, had not been recorded on the medication administration records. We discussed this with the manager and it was dealt with immediately.

Preventing and controlling infection

- The home was clean and odour free.
- The home achieved a compliance score on 97% in December 2018 when an external company carried out an infection control and prevention audit.
- Thornfield House was awarded a Food Hygiene Rating of Five (Very Good) by Bradford Metropolitan District Council on 15 November 2018. This is the highest score which can be awarded.

Learning lessons when things go wrong

- The management team promoted an open culture which supported learning when things went wrong.
- Accidents and incidents were analysed for trends or patterns and this information was used to reduce the risk of recurrence. For example, the manager had reintroduced Makaton, (the use of signs and symbols to help people communicate), training for all staff following their analysis of some recent incidents. The most up to date analysis we reviewed showed this had led to a reduction in 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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were assessed and their packages of care were reviewed regularly.
- The assessments considered how people wanted to be supported to meet their cultural and religious needs.
- People's care and support was planned and delivered in line with good practice guidelines. Information from the NHS website was used to inform staff about medical conditions, for example Coeliac disease.

Staff support: induction, training, skills and experience

- Staff were trained and supported to carry out their roles.
- Newly employed staff received induction training. Staff told us they felt well supported to carry out their roles and had access to the training they needed. One support worker told us they had "learned a lot" in the year they had been working at Thornfield House.
- The training provided reflected the needs of people who used the service. Topics included epilepsy, autism, learning disability, reducing restrictive practices, intensive intervention, management of actual or potential aggression (MAPA) and sign language.
- Staff were given opportunities to discuss and plan for their personal and professional development.

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

- People were supported to have a varied and healthy diet.
- In a recent survey a relative commented, "[There are] lots of different meals available and staff know what [name] can and can't have."
- People's dietary needs and preferences were catered for. People were involved in planning the menus.
- People's weights were monitored and when people were identified as being at risk of poor nutrition appropriate action was taken. This included referrals to external health care professionals such as GPs and speech and language therapists.

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

- People were supported to meet their health care needs.
- People were supported to access other healthcare professionals. Each person had a healthcare file with a full overview of their mental and physical healthcare needs. One relative said, "They call the doctor whenever he needs it."
- Each person had a "Hospital Passport". This was a document which described their health and support needs when they were using a care service away from the home, such as a hospital. This helped to ensure people experienced continuity of care when they were away from home.

- People were supported to make healthier lifestyle choices. For example, by choosing a more varied diet and taking regular exercise.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Appropriate DoLS applications had been made in a timely manner and where conditions were applied they were being met. .
- The service was working within the principles of the MCA. Staff understood the importance of supporting people to have decisions about their day to day lives. Decisions made in people's best interests were clearly recorded.
- The provider promoted a culture of reducing restrictions. The new manager shared some examples of actions they were taking to reduce restrictions for people who used the service. A support worker explained some of the diversion techniques they used with one of the people they supported. They told us this was proving effective in reducing the use of 'low hold' physical interventions to keep the person safe.

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

- The home was designed to meet people's needs and adhered to the Registering the Right Support principles.
- People had their own rooms which were decorated and personalised to reflect their tastes and interests. People were consulted about the décor of the communal areas.
- There were three communal rooms and a large kitchen on the ground floor. People had access to gardens at the front and back of the property. The gardens were well used, for example over the Easter weekend people had enjoyed a BBQ in the back garden.

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

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

- People received the care and support they needed from caring staff. A relative told us, "[Name of relative] is happy so I am happy."
- Staff knew people well. We observed staff were kind and supportive in their interactions with people. Staff had good relationships with people, we observed lots of chatting and laughter.
- People had individual support plans which included information about their preferred activities and key workers. Key workers monitor and oversee the care of an individual to ensure their care and support plan is followed.
- Staff received training on equality and diversity. They understood the importance of supporting people to meet their individual needs.

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

- People were supported to make decisions about their care and support.
- One person living at Thornfield House told us, "I like living here, I can do what I want."
- Relatives were involved in planning and reviewing people's support. In between formal reviews they were kept informed, for example, one relative received a daily update from staff and another relative received a weekly update.
- Monthly meetings were held for people who used the service. People who did not attend for whatever reason were asked about their views on an individual basis. Topics discussed included menu planning, activities and holidays.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain contact with their family and friends.
- People were supported to maintain their privacy and dignity. The new manager was making some changes to further promote people's dignity and independence. For example, they had replaced items such as plastic cups, plates and cutlery with china crockery and stainless-steel cutlery. One person who used the service told us they really liked the new mugs.
- There was a strong focus on promoting people's independence. People were encouraged to do as much as they could for themselves. This included helping with cooking, cleaning, laundry and personal care.
- Care and support planning focused on building people's confidence and encouraging them to try new activities inside and outside the home.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- People's care plans included detailed information about their needs and preferences. Care plans were reviewed regularly.
- People were supported to set goals and their achievements were recorded on individualised 'You said, we did' forms.
- Staff knew about people's care plans and this helped to ensure care and support were delivered as planned.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- At the time of our inspection the service was focussing on promoting the use of sign language (Makaton) and had a 'sign of the week' which was included in all staff handover meetings. The manager was also introducing 'talking tiles' to make important information, such as who to contact about any safeguarding concerns, more easily accessible to people.
- People were supported to take part in a good range of activities. These included work placements, walking, arts and crafts, shopping, going to the cinema, going out for meals and visiting family. One staff member said, "This is a fantastic place, people do lots of activities."
- There was a strong focus on people having personalised activity plans. For example, some people preferred a more structured approach and had their daily activities planned out at 30-minute intervals while others chose what they wanted to do daily.
- People and staff told us about previous and planned holidays.
- Most people did not have information recorded about their end of life care wishes. The manager told us they had already identified this as an area which needed development.

Improving care quality in response to complaints or concerns

- The provider had procedures in place to ensure any complaints or concerns were dealt with.
- People were provided with information about the complaint's procedure in an accessible format.
- The service had received four complaints in the last 12 months. Records showed action had been taken to address the issues raised and reduce the risk of recurrence.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff and management had clearly defined roles and responsibilities which supported the service's vision for delivering highly personalised care and support. The manager was very experienced and knowledgeable about their area of care and support, caring for people with learning disabilities. They were passionate about providing the best possible outcomes for people.
- Staff spoke very positively about the new manager. They said the changes the new manager was making were improving the service for everyone, people supported and staff. Staff told us they would recommend the service to family and friends as a place to work and for the support provided to people.
- Relatives told us they had confidence in the management team. One said, "I have met the new manager and deputy, they are nice and really pro-active."
- There were effective systems and processes in place to monitor and improve the service. Regular audits were carried out which helped the management team to monitor the quality and safety of the service and identify areas for improvement. Action plans were put in place to address any issues or areas for improvement identified.
- The manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.

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

- The provider used surveys to seek people's views about the service. The results of the most recent survey were generally positive.
- Regular meetings took place with people living in the home. People were asked about their preferences for activities and what they wanted to do.
- There were regular staff meetings. These were an opportunity for any quality issues to be discussed and for staff to share ideas.

Working in partnership with others; Continuous learning and improving care.

- Staff were supported to continue their learning and development. The provider had an awards scheme designed to promote good practice and recognise when staff went above and beyond what was expected of them.
- The management team worked in partnership with other services and had positive links with local social and health care organisations.

