

Mr & Mrs J van Deijl

Thornbury Villa

Inspection report

128 Peverell Park Road, Peverell, Plymouth
Devon PL3 4NE
Tel: 01752 262204

Date of inspection visit: 2 and 3 February 2015
Date of publication: 13/04/2015

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 

Overall summary

The inspection took place on the 2 and 3 February 2015. The inspection was unannounced.

Thornbury Villa provides residential care (without nursing) for a maximum of 14 older people. On the days we visited there were 12 people living at the service.

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

People came to live at Thornbury Villa following a planned admission process. People's needs were assessed carefully and the registered manager checked whether they could meet people's needs fully before they came to reside with them.

One person told us: "This is a very nice home. Nice and relaxed. They look after you very well; nothing is ever wrong." One visitor said: "People are well looked after here; they get spoilt actually. The owners are very generous." A staff member told us: "The home is more like being at home. I like coming to work" another said, "The home is warm and friendly; home from home."

People had full control of their care. People's formal consent to their care was clearly recorded. People had

Summary of findings

their capacity to consent to their care reviewed monthly. People's care plans were developed with them and reflected their current needs. There was clear guidance available to staff about how people wanted to be supported while also respecting their independence. People were supported to take risks and make informed decisions about their care. Risk assessments were in place so staff were able to reduce the likelihood of untoward events arising.

People were protected by staff recruited safely and in sufficient numbers to meet their needs. All staff held a higher qualification in care and other training was updated regularly to ensure they were using the latest practice. Staff were trained to meet people's needs and extra training was provided in a timely way to meet newly identified needs.

The service had a strong philosophy of care which the registered manager ensured staff were aware of and followed. This philosophy was spoken of freely and

openly with people, their representatives and staff. Staff treated people with kindness and were observed doing all they could to ensure people were well cared for. People had their medicines administered safely. Their health and nutritional needs were met. People were treated with respect and their dignity maintained at all times.

The service was well-led. There was a clear management and governance structure in place. People's concerns were identified early and carefully reviewed. People and staff felt they could readily make suggestions about how the service was run. Formal and informal opportunities were arranged to make this happen. People were involved in the interviewing, recruiting and monitoring of new staff. People were also given the opportunity to attend management reviews in person or remotely.

People's records were carefully maintained and archived appropriately. Information was shared with third parties with their expressed consent.

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 safe. People, visitors, staff and professionals felt the service was safe.

Staff were trained and knowledgeable in how to keep people safe from abuse and harm. Concerns were shared and addressed quickly.

There were sufficient staff employed to meet people's needs. Staff were recruited safely.

People's medicines were administered as prescribed. Risks assessments were in place and there was a clear link between assessment of risk, care planning and action taken to reduce the likelihood of identified risks.

Good



Is the service effective?

The service was effective. People felt staff were trained to meet their individual needs.

All staff held a higher level qualification in care. Their training was up to date and they were trained to meet people's specific needs. Staff had their competency assessed.

People's nutritional needs and health needs were met and regularly reviewed. People were encouraged to be in control of their care and their consent was always sought.

Good



Is the service caring?

The service was caring. People told us they felt they were important to the staff and the staff always looked after them with kindness.

People's dignity and privacy were respected and seen as important through a clear philosophy of care.

Staff went to great lengths to ensure people's care needs were met carefully.

Good



Is the service responsive?

The service was responsive to people's needs. People's care was planned with them and their care plan reflected their current need.

People felt confident they could make a complaint or raise concerns which would be resolved. Staff recognised issues and looked to resolve them early.

Good



Is the service well-led?

The service was well-led. There was a clear line of management and governance in place.

People and staff were involved in the process of reviewing the service. There was a desire to continually improve the service.

Regular audits were in place to check the care, building and equipment were maintained to a high standard.

People's records were carefully archived along with other essential documents which underpinned the running of the service.

Good



Thornbury Villa

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 2 and 3 February 2015 and was unannounced.

The inspection was completed by a single inspector. We met with the registered manager who was also one of the providers, the second provider and manager with day to day care responsibility during the inspection. We read previous inspection reports and information held by CQC

prior to the inspection. On inspection we spoke with five people who lived in the service, three relatives and four staff. We also spoke with two health professionals; a community nurse and a GP.

We read three people's care plans and spoke to them about their care. This was to look at whether they were receiving their care as expected and planned. Two staff recruitment files were reviewed along with all training records. We also read other documentation held within the service and given to us by the registered manager. This included information on how they felt they were meeting the requirements of the regulations. For example, information which supported the safe running of the service, such as maintenance of the premises and equipment, audits of care, records of how the service measures the quality of care and their policies and procedures.

Is the service safe?

Our findings

People told us they had their medicines administered regularly and as prescribed. Staff had protected time to administer medicines so were not distracted. Only staff trained to carry out this role were administering medicines. This was reviewed and updated annually by an external pharmacist.

Where people had their medicines administered in their rooms, these were observed as taken and the medicine administration records (MARs) only signed when this was the case. However, when we arrived at the service people at the dining room table were being given their medicines in pots. The responsible member of staff had signed the person's MARs stating the medicines had been given. They had not however observed the medicines being taken by the people concerned. We spoke with the registered manager as this raised a concern about the gapping between medicines which meant they may have been too close. We also raised a safety concern about the possibility of other people having access to those medicines and taking them accidentally. By lunch time practice had changed, the administration of medicine's policy updated and all staff briefed. People were now observed taking their medicines and the MARs completed afterwards. All the people who this affected had the concerns and reasons for the change discussed with them. This meant people's medicines were then administered safely.

People's MARs and the controlled medicines book were accurate. People on four or more prescribed medicines had a regular assessment of their medicines with their GP. People who self-administered any of their prescribed medicines had a risk assessment in place and their capacity to do this safely assessed and reviewed. Where 'homely remedies' were in place, these were agreed with their GP to ensure they did not react with any of their other medicines. All medicines were stored securely. Stock level of all types of medicines were accurate. Medicines were ordered timely to ensure people did not run out. Medicines were also disposed of safely. Staff were recording the temperatures of the medicine fridge and action was taken if this was not working properly. Staff were not however recording the temperatures of the main storage cabinet which was fixed to a wall. There was a thermometer in the cabinet which read 23 degrees centigrade. The cabinet

however had no means to vent if became too hot. The taking of the temperatures was put in place immediately along with the provider reviewing how the cabinet could be vented to allow it to cool if required.

People told us they felt safe living at Thornbury Villa. Visitors told us they felt their loved ones were well looked after and had no concerns about their safety. One person told us: "I feel safe and well looked after".

Staff were trained and knowledgeable in identifying abuse and how to keep people safe. Staff were encouraged to whistleblow if they were concerned about anyone's care. All staff felt if they had any concerns they could approach the manager or providers and this would be taken seriously.

People were fully involved in the process of assessing the risks they may face and balancing this with their chosen level of independence. Individual risk assessments were in place and regularly reviewed. People's likelihood of developing pressure areas, falls and malnutrition were reviewed. People were also assessed for the likelihood of fractures that could be linked to their bones thinning as they aged. Where people had a condition, such as that which affected their vision, this was assessed in relation to their individual needs, staffing and the environment. All risk assessments had clear links to the person's care plan so staff were aware of what risks each person was facing and how to reduce the likelihood of them taking place.

People felt there were enough staff to meet their needs and their requests were always responded to quickly. We observed staff were always visible in the lounge and around the service. People's needs were met in a timely manner. The number of staff required to meet people's needs safely was regularly reviewed to ensure they were able to continue to meet current needs. At the start of each week the registered manager reviewed the staffing with the manager. This was to ensure there were enough staff to meet people's needs and fulfil other commitments such as attending medical appointments. Staff told us if a person required more one to one care, the staff numbers would be increased accordingly.

Staff were recruited safely. The provider's policy on recruitment was followed robustly. People living in the service were involved in the recruiting of new staff and assessing their suitability. All staff underwent a

Is the service safe?

probationary period at the end of which there was an agreement between people living in the service, existing staff and the new staff that this was the right place for them to work.

Is the service effective?

Our findings

People were supported to have their needs met by a stable staff team who had the necessary skills and knowledge. People felt staff were trained to understand their specific needs. Staff underwent a high level of training to meet people's needs. Training, identified as mandatory by the provider, were all up to date with reviews completed as required. All staff had a higher qualification in care. Staff told us the registered manager was keen to ensure all staff were suitably trained and would put on extra training if a new need was recognised. For example, staff felt training in caring for people experiencing memory loss would be useful to understand some people who were described as "becoming forgetful". Training in dementia awareness and strategies they could use were provided to all staff. One staff member said: "I really enjoyed the dementia training. It opened up my eyes; I now have strategies I can use to deal with repeated questions". New staff went through a careful induction programme which included expected areas of care and values of the service.

Training was provided to meet specific individual people's needs. The registered manager advised they did not take emergency admissions. They added they reviewed requests to take new people by checking they had the staff trained to meet those needs fully. Where training was identified as being required this was put in place if possible; preferably before the person came to live in the service. For example, training was brought in for all staff to enable them to support a person with macular degeneration which is a condition affecting their vision. All staff underwent optical awareness training which involved living in the eyes of someone with a range of eye conditions. They also used the learning to decorate the service to prevent accidents as a result of various eye conditions and make this one person's life easier. Any other requirements were reviewed in respect of all people living in the home.

Staff received regular formal supervision and appraisal. This included feedback on observed practice to ensure they were meeting the required standard of care. Staff told us they found the one to one times with the manager useful. One staff member said: "It is a useful time to reflect

on how I am getting on; I am asked if there is anything I think can be different but we also look at my training. I can ask for training or support on something I am not sure about."

People, when appropriate, had their capacity to consent to their care assessed. People told us they had their consent sought before any care was delivered. Staff were trained in and knowledgeable of their obligations under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provide legal protection for those vulnerable people without capacity who are, or may become, deprived of their liberty. Each person's care records held an initial capacity assessment which was reviewed with them monthly. People's formal consent to their care was clearly recorded. All decisions about a person's care were made with them and preferably by them. People were supported to make informed decisions about their care which included the right to refuse care or suggest an alternative. Everyone was supported to make decisions about how they would like to be cared for at the end of life or be treated if they were taken poorly and required resuscitation. All decisions were clearly recorded and signed and dated in line with people's wishes and feelings.

People told us they had their health needs met. A person told us: "I asked to see the doctor this morning and he's been already". Records clearly showed people's health needs were identified and monitored as required. Each person had their medical history recorded and underwent both an annual and monthly review of their health needs. A 'Health Safeguard Assessment' was completed with people that produced a visual check, by the use of red, amber or green against a person's health changes, for staff each month. The more amber to reds the higher the concerns; alerting staff to changes in or concerns about a person's physical and emotional health. This was linked to strategies to meet these needs. Staff told us they reviewed the assessment often and people's health needs were reviewed at each handover so concerns were unlikely to be missed.

A visitor told us: "I feel my dad's life has been extended being here. The care and attention they have given has added to his life. They will ring right away if there is anything I need to know." Another relative stated: "They keep an eye on anything medical and sort it."

Is the service effective?

A GP told us staff contacted them in a timely way and were always knowledgeable about people's current health or emotional status. They added that issues were not hidden. They felt there was a good dialogue with the staff and any issues resolved quickly.

People's nutritional needs were being met. People were provided with a nutritional, balanced diet. Food and drinks were available day and night as people desired. People on a special diet had their needs well catered for and people told us they could ask for something else if they wanted it. A relative told us: "My dad can find the food a bit bland at times so they make curries especially for him. They will make him something extra as well such as egg sandwiches. Every day for breakfast they offer him a range of ways he can have his eggs as they know he really likes eggs." We

observed people were asked what they wanted to eat for each meal and could also change their mind and have something else. People's weights were taken monthly and where this was causing a concern, action was taken. The person and all staff, including the chef, were involved in this process. For example, one person required a fortified diet. The instructions from the dietician were carefully followed with details of foods offered, supplements taken and how much the person consumed clearly recorded. The person confirmed the staff involved them with reviewing their nutritional needs and always asked them if there was anything else they could get them. They added: "They will make me something special if I don't fancy what is on the menu. They will make anything I want."

Is the service caring?

Our findings

People, visitors and professionals told us the staff were warm and friendly. Staff would always do “that little bit extra” to meet people’s needs. People were moving around the service as they chose and interacting with each other in conversation and laughter. Staff were distinguishable as they wore a name badge; other than that they wore their own clothes. The registered manager explained this was as a deliberate policy to make the environment feel “homely”.

One person told us: “This is home from home. The staff are very good; the cook is too. If I need privacy I can shut my door. Staff will gently enquire I am OK then leave me alone.” Another person told us: “It is quite alright here. The staff are kind. They do anything you want” adding that staff respected them and their level of independence. Another person told us: “It’s a very nice home. Nice and relaxed. They look after you very well. My visitors are always welcomed and given a cup of tea.”

A person and relative together said: “We really like it here. We looked at lots of services before this one. We knew this one was the right one and it’s lived up to our expectations.” The person said: “They are very good. You only have to mention it and they do it for you.” The relative added: “They actually do that bit extra. We were allowed to make the room theirs and decorate it as we wanted” and, “staff always ensure they don’t miss their favourite football team reports on the radio each week”.

A relative told us: “I think it’s lovely here. They’re very friendly. My mum felt settled straight away. Every day I receive a good, friendly response and am always welcomed.”

We observed staff treated people with kindness and respect. Where people needed care they were discreetly prompted and supported. Staff were always visible around the service and responded speedily to people’s requests for support. There was appropriate humour and shared times between people and staff which were mutually enjoyed. For example, people and staff asked each other about their family. Memories of recent events were discussed and likes and dislikes of the time shared. When one person got a little confused staff gently reminded them of the day, time or when the next meal was. Whatever the repeated question was it was responded to carefully. A relative told us the service was special because: “It is just about Thornbury Villa, because it’s all part of the everyday care. All the staff take time out to have a chat and a laugh with mum. Mum is quite young and she has full mental capacity so does really enjoy the fun aspect here.”

The registered manager advised the service had taken a lead in the local Dignity in Care Forum. The registered manager added: “We also regularly reaffirm with people their right to be respected at all times; be treated with dignity and respect in public and private and in an agreeable manner.” They ensured all staff delivered care to the same high standard. All staff were supported to maintain people’s dignity and privacy in line with people’s choice and the service’s policy. People were encouraged to maintain their independent view of their care.

Is the service responsive?

Our findings

People told us they continued to make decisions about their care and day to day lives. People said they could choose how they wanted their care given and felt they were treated as individuals. People told us staff would go to any length to meet their need.

People were involved in planning their own care. Everyone living at Thornbury Villa came to the service following a planned admission. On admission information was gathered by the staff on the person's history, family, interests and likes and dislikes. The collated information was then built into an initial care plan which was readily reviewed to ensure it reflected the person's needs once they had settled in. All care plans were developed with the person's full involvement. The registered manager stressed: "We encourage the staff to get to know that person 'who they are' not 'what they need'". This then became the person's care plan.

The care records included the necessary details required to ensure staff supported people as they desired. The majority of people living at the service were independent in many aspects of their care. Care records only contained the information that reflected current need and were well structured making them easy to follow. People's likes and dislikes and chosen routine were clearly recorded and followed by the staff. Maintaining people's independence was important to the staff and this was reflected in the care plans. They detailed what the person could do for themselves and any support from staff as agreed with the person. For example, one person could wash themselves but needed staff support to care for their toe nails. They confirmed this task was completed as planned.

Care plans were reviewed monthly with the person. Each person was linked with a key worker and both the staff member and person signed and dated their care plan review. Longer and shorter term changes in a person's care needs were identified quickly and the care plans amended accordingly. The registered manager told us that reviewing care was a mutual exercise. They stated they were clear

with people and honest if they no longer felt they could meet people's needs. People, and their representative where necessary, were then supported to find a suitable, alternative service to move on to.

People had their religious and cultural needs respected. People's individual history and religious identity were clearly recorded. People were encouraged to maintain contacts with the local community to exercise their faith or attend local groups. One person with a particular religious identity was provided with the technology to 'attend' their religious sessions remotely. This meant they were able to maintain their belief and involvement with the community. The same person told us staff made sure they understood their faith and respected their beliefs.

A range of structured activities were available at different times during the week. These were supported by someone coming in to carry out this activity such as singing and chair aerobics. People were able to choose what they would like to do. Coach trips were planned to go outside the home with small groups or whole service trips arranged. Staff were observed having regular, informal conversations and time with people.

The staff actively sought and routinely listened to people's concerns and complaints. Where issues were identified it was clear learning took place and the quality of the service improved for everyone. The service had formal and informal ways of addressing people's concerns. There was a clear complaints policy made available to people and their relatives so everyone was aware of what action to take if they had a concern. Details of internal or external agencies, such as CQC and the local authority ombudsman, were also freely available. No one could identify a time they needed to raise a formal complaint. Everyone said they would share any concerns and felt this would be responded to appropriately. The registered manager told us they tried to capture little "niggles" and concerns early to stop them impacting negatively on the atmosphere of the service. Along with the formal complaints policy people were given the opportunity to comment anonymously on their experiences by use of comment cards or in three monthly questionnaires. Action plans had been put in place in response to concerns raised. For example, changes were made in relation to the food available.

Is the service well-led?

Our findings

Thornbury Villa is owned by Mr and Mrs van Deijl. Mr van Deijl was also the registered manager. There was a manager employed to oversee the daily running of the service. People and staff told us the owners attended the service two or three times of the week. The manager confirmed they were “always there when needed”. A visitor told us: “The owners are very visible. They are here once or twice a week.” People told us the owners always spoke with them and asked if they were alright and stopped to have a general conversation.

Services are required to let CQC know about certain events. These are called notifications. The service had not provided us with the correct serious injury notification for an event in November 2014. The manager stated this was due to an omission on their behalf. This has since been received. All other notifications were received as expected.

There were clear lines of management responsibility and governance in place. This was clearly linked to a commitment to continually improve the service. Weekly senior management meetings held with the owners and manager meant issues were identified early and solutions put in place to ensure the quality of care was maintained. People and staff were asked at regular intervals for their view on how the service was being run. Alongside informal weekly drop ins to people and three monthly questionnaires there was an annual residents’ meeting. People living in the service were offered the opportunity to contribute to reviews of the service along with the managers. One person was provided with audio access to do this from their room so they could listen and take part. Staff told us they felt they could freely suggest new or other

ways the service could be run and this was readily reviewed by the registered manager, Mrs van Deijl and the manager. One staff member said: “The owners are always in; they’re very approachable. There is a good sense of management; I am not afraid to go to them about anything. If staff have a different way of doing it they are listened to.” The registered manager told us: “We regularly discuss the detail of the service with staff and people and take on board observations that enable us to improve our service.”

There were a number of comprehensive audits in place to ensure the quality of the service. For example, in respect of the safe administration of medicines an audit was completed annually. Also, the maintenance of equipment and the building were regularly reviewed. All maintenance contracts were up to date. Action was always taken in respect of any issues identified. Where required this was clearly linked to an action plan which was reviewed until completed.

There were clear, regularly updated policies to underpin the running of the service. These were clearly linked with the values and behaviour expected of staff when working at Thornbury Villa. Policies that related to the care and treatment of people were readily discussed with people to ensure they were receiving the expected standard of care. For example, policies on the prevention of malnutrition and the delivery of care that respected their privacy and dignity.

People’s records were carefully looked after and archived appropriately to ensure they were kept safely but were also freely available if required. People were made aware of their right to access any information held on them and were asked to agree to any information being shared about them with third parties.