

Shaw Healthcare (Group) Limited

# Thackley Green Specialist Care Centre

## Inspection report

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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

Thackley Green Specialist Care Centre (the Centre) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Centre is located in a residential area of Corby and is registered to provide accommodation for up to 51 older people who require nursing care and rehabilitation. People staying at the Centre had a range of specialist needs including those living with dementia and some who had physical and sensory disabilities. The service provides respite care and rehabilitation for those people who may be recovering from surgery or illness. There are two floors, the first floor was for people with nursing needs and the ground floor was for people living with dementia and those who required social rehabilitation. At the time of our inspection there were 25 people staying there.

At the last inspection in May 2016, the service was rated Good. At this inspection, we found the evidence continued to support the 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

People's individuality was respected and people continued to be treated with empathy and kindness. The staff were friendly, caring and compassionate. Positive therapeutic relationships had been developed between the people and staff.

Detailed personalised care plans were in place, which enabled staff to provide consistent care and support in line with people's personal preferences, choices and needs. People were enabled and encouraged to remain as independent as possible.

People continued to receive safe care. Staff were appropriately recruited and there were sufficient staff to meet people's needs. People were protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective and positive outcomes for people were being achieved. Staff had access to the support, supervision and training that they required to work effectively in their roles. Development of staff knowledge and skills was encouraged. People were supported to maintain good health and nutrition and reach their full potential.

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 Centre supported this practice. Activities were geared around individual plans and people had opportunities to join in group activities if they wished to. Family and friends were welcomed and supported.

The service had a positive ethos and an open culture. The provider was committed to develop the service and actively looked at ways to continuously improve the service. There were effective quality assurance systems and audits in place; action was taken to address any shortfalls.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

## 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 remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Thackley Green Specialist Care Centre

## **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 was an unannounced comprehensive inspection, which took place on 22 May 2018. The inspection team comprised of 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. In this instance, our expert-by-experience had cared for an older relative.

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. The provider completed and returned the PIR in March 2018 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We spoke with the local authority that have commissioning and monitoring roles with the service. We also contacted Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

During our inspection, we spoke with 11 people who used the service, 11 members of staff, which included a nurse, two team leaders, four care assistants, a cook, the deputy manager and the registered manager. We also spoke with one person's friend who was visiting at the time of the inspection and a health professional.

We spent time observing people to help us understand the experience of people who could not talk with us.

We looked at the care records of three people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, minutes of meetings with staff and arrangements for managing complaints.

## Is the service safe?

### Our findings

People and their families told us they felt safe staying at the Centre. One person said, "Yes it's safe here, I have been in a few times for respite, I wouldn't come back if I didn't feel safe. I am 99.9% happy here." A relative told us, "It's entirely safe here, [relative] is very comfortable and I have peace of mind."

There were risk assessments in place, which gave staff clear instructions as to how to keep people safe, but at the same time promoted their independence. For example, assessments had been undertaken to identify any risk of people falling; appropriate controls had been put in place to reduce and manage these risks.

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and when safeguarding notifications had been made these had been appropriately investigated. Any lessons learnt were shared with staff and training in safeguarding was regularly refreshed. One member of staff said, "If I saw anything I would report to the manager."

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. Throughout the day of the inspection, people that required assistance were responded to in a timely way.

Staff were visible and people received the level of care they needed to promote their independence and aide their rehabilitation. There were regular checks on people who preferred to stay in their rooms and everyone had access to a call bell. One person said, "I rarely ring the call bell; if I do the staff come punctually. They come in and check me every hour or so even at night."

Medicines were safely managed. There were regular audits in place and any shortfalls found were quickly addressed. People told us they received their medicines at regular times. One person said, "I have tablets and insulin injections. Staff have been doing it and now they are supporting me to start doing it myself again. I have done my insulin today."

People were protected by the prevention and control of infection. We saw that all areas of the centre were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. Accidents and incidents were monitored and action taken to address any identified concerns. Any lessons learned from incidents were discussed with the staff team and action plans put in place to ensure similar incidents did not happen again.

## Is the service effective?

### Our findings

People's needs were assessed before they came to stay at the Centre to ensure that their needs could be met. Meetings were held with other health and social care professionals who were tasked with identifying appropriate rehabilitation and respite services for people. Detailed individual plans of care were developed to guide staff in providing personalised care to people.

People continued to receive effective care and support delivered by a competent staff team who had the skills and training to support them. One person said, "I am treated as a human being here; the staff seem to know what I need. I'm a diabetic and they supported me when I had a low blood sugar. They knew what to do."

Staff training was relevant to their role and the training programmes were based around current legislation and The National Institute for Health and Care Excellence (NICE) best practice guidance. Specialist training around re-ablement supported staff to deliver the right support to people who needed rehabilitation. New staff had a thorough induction and mandatory training such as manual handling, safeguarding and infection control were refreshed regularly.

Staff continued to be encouraged through regular supervision and appraisals to develop their skills and understanding and complete further qualifications. One member of staff said, "This is one of the best places to work, you get good training and support and everyone is focussed on supporting people to be as independent as possible."

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 Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People were encouraged and enabled to remain as independent as possible and to make choices for themselves. One person said, "I've made my own coffee and toast this morning so that I can be ready to get back home." Another said, "I feel free to make decisions, when I get up and go to bed, I have choices."

There continued to be an emphasis on ensuring people ate a healthy balanced diet. Mealtimes were social occasions and people were encouraged to eat and drink. Advice had been sought and plans put in place to support people who were at risk of not eating and drinking enough.

There was a varied menu and the chef had taken time to adapt the menus to meet people's individual and cultural needs. People told us the food was good. One person said, "The foods good and they bring my breakfast and tea to my room. Hot drinks are always available and there is always a fresh jug of water in my room." Another person told us, "There is a good choice of food and it's always hot even though they bring it to my room."

People continued to have access to physiotherapists, occupational therapists and other health professionals. One person said, "The doctor came in when I fell over. I also see the physio and occupational therapist." A relative said, "The physio has got [relative] walking much better and safer."

The Centre was purpose built to provide an environment where people could be supported to be rehabilitated. It was spacious for people to practice their walking and gain muscle strength. Some of the rooms were equipped with kitchens to aid people to retain their independence and prepare food and drinks safely. People living with dementia had a safe and secure area to live in with prompts and aid to help them and there was access to a well-maintained garden for people to enjoy.

## Is the service caring?

### Our findings

There was a warm and friendly atmosphere around the Centre. Families and friends were welcomed at any time. Staff welcomed people with a smile and were happy to engage in conversation with people. People told us how kind and patient the staff were. One person said, "Staff always come in with a smile on their faces." Another said, "I never feel that I'm a bother to them, they are very patient." A relative commented, "It's very good here; they [Staff] are kind and genuinely care for [relative]. They often give them hugs when they are down and they have been supportive of us as a family."

People stayed at the Centre from between a few days and up to six weeks, so there was a regular turnover of people. However, staff managed to get to know people well and we observed many positive interactions with people. One person said, "They [staff] have got to know me and have been supporting me well. They are helpful and caring."

People were treated with respect. Staff spoke to people by their chosen name and we observed them knocking on doors before they entered a person's room. People said they were respected and their dignity maintained. One person said, "The staff generally knock and my door is usually open. When I'm in the toilet they don't disturb me." Another person said, "If I'm having a wash they don't expose me and I feel quite confident."

The ethos of the Centre was to maintain people's abilities and encourage them to regain confidence and skills. People knew what to expect and were fully involved with making choices and decisions for themselves. One person said, "Staff are very good, I'm enjoying it here, they are encouraging me to do more each day." Another person said, "I have the freedom to do as I please."

The people who were unable to communicate with us looked relaxed around staff. Staff were attentive to their needs and sat holding people's hands offering words of encouragement if people were unsettled or became anxious.

There was information available about advocacy. The registered manager knew they could contact an advocacy service if they needed to. At the time of the inspection, no one required an advocate.

## Is the service responsive?

### Our findings

People had individualised care plans that detailed the care and support they needed; this ensured that staff had the information they needed to provide consistent support for people. People were involved in the development of their care and rehabilitation plans. Regular meetings were held with the multi-disciplinary team to discuss people's progress, revise, and set goals for people. One person told us about preparing to go home; they said, "I'm discussing going home and what I need to do to achieve that. My relative is involved as well; the staff give good information to my relative."

Individual activities were planned around people's rehabilitation and support programmes. There were opportunities for people to join in group activities such as an exercise group run by the physiotherapist with support from some of the staff. People could also make use of the facilities in the day centre, which was in part of the Centre, where a variety of activities took place, such as arts and crafts and board games. Staff were aware of the problems social isolation can cause so encouraged people to have meals together and use the different areas of the Centre where they could read, watch the TV together or play games. One person told us, "I have seen a singer and a pianist here. I meet the others when I go to lunch."

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. The people we spoke with said they had no concerns but if they had they would speak to the staff or the manager if necessary.

We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. Any learning from complaints had been shared with staff.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given .

## Is the service well-led?

### Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were assured that the service was being managed competently. The systems in place to monitor the quality and standard of the service were effective. For example, following a review of adverse incident reports a new medicine dispenser was put in place to enable an individual to self-medicate safely and mitigate any risk of overdosing.

The provider continued to take an active role in ensuring that the service was person-centered, open and inclusive and empowered people to achieve the outcomes they wanted. They visited regularly and spent time speaking to staff and the people staying at the centre. One member of staff said, "[Name of provider] visits regularly, they are very friendly." People told us they would speak to any of the staff or management if they needed to. One person said, "The staff are very approachable, that comes from the top." Another person said, "The staff all get on well together, which is a good sign they are happy and well supported by management."

People were asked to complete questionnaires when they completed their stay at the Centre. Information from questionnaires was collated by the provider and action taken to address any issues people raised. At the time of the inspection all, the feedback was positive.

Staff had regular meetings, and we saw from the minutes that staff were able to share their experiences and make suggestions as to how to develop the service. A health professional said, "The staff are very good, they fully understand the role of rehabilitation support worker, they follow instructions which benefits the people."

The staff at the Centre worked alongside other professionals to enable people to receive the specialist care and support they needed. There were weekly multidisciplinary meetings, which reviewed people's care and rehabilitation programme. It was clear from speaking to people they all knew what their goals and aims were and that everyone was focussed on getting people back home or in an alternative setting, which could meet their needs.

Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

The provider and registered manager strived to look at ways to continuously improve the service. The registered manager liaised closely with other health professionals and care services to look at ways of

working closer together. There were opportunities for trainee nurses to undertake a placement at the Centre, which enabled sharing of best practice and understanding of roles of professionals within rehabilitation and respite care.

There was a refurbishment programme of the Centre in place that had enhanced the well-being of both the people staying at the Centre and the staff. There were staff incentives in place, which rewarded staff and management for 'going the extra mile' and consistently maintaining standards.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.