

## Barchester Healthcare Homes Limited

# Thistle Hill Care Centre

### Inspection report

Thistle Hill  
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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

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

Thistle Hill Care Centre is situated in Knaresborough and provides nursing care for up to 85 younger adults or older people, who may be living with dementia or a physical disability. The home is divided into three units. The Deighton unit provides care for up to 41 people who may be living with dementia. The Ripley unit provides care for up to 24 older people who require general nursing care and the Farnham unit provides care for up to 20 younger adults with disabilities.

Inspection site visits took place on 8 and 10 May 2018 and were unannounced. At the time of this inspection there were 62 people living at the service.

At the last inspection in March 2017 we identified a breach of regulation in relation to good governance. This was because the registered provider had failed to ensure effective systems or processes to assess, monitor and improve the quality and safety of the services provided and mitigate risks, had not been operated.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective and well-led to at least good. At this inspection we found the provider had implemented their action plan and were no longer in breach of regulation.

There was a new manager in post who had registered with CQC in November 2017. 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.

Effective quality assurance processes were now in place and were used to identify shortfalls within the service. Timely action had been taken when shortfalls or concerns had been found. The registered manager was supported by a senior management team who visited the service on a regular basis to monitor improvements that were being made.

The use of agency staff was still high but the registered manager ensured only agency staff that were familiar with the service were used. Agency staff profiles were available and contained the required information to evidence they had the skills, knowledge and experience to support people at the service. Safe recruitment processes had been followed and appropriate pre-employment checks were completed.

There was enough staff on duty that had been deployed effectively. Calls bells were answered in a timely manner and staff were visible throughout the service.

Medicines had been managed, administered and stored appropriately. Staff competencies with regards to medicines had been assessed which ensured they had the relevant skills and training to administer medicines safely.

Risk assessments were in place where required and contained sufficient information. Staff were aware of their responsibilities in relation to safeguarding and referrals to the local authority had been made when required.

People were supported to maintain a balanced diet and there was a variety of meals on offer as well as refreshments and snacks throughout the day. Appropriate monitoring tools were completed to highlight any concerns in relation to weight loss or gain. Where concerns were identified, appropriate professionals had been contacted.

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 support this practice.

Staff received effective support from the management team. Regular supervisions and observations of practice took place as well as annual appraisals. These gave staff the opportunity to develop within their role. Regular training had been completed in areas the provider considered mandatory as well as specialist training where required.

Staff treated people with dignity and respect. They were familiar with people's needs, likes and dislikes and how best to support them. Positive relationships had been developed between people and staff.

Care plans contained person-centred information and focused on how people wished to be supported. A range of activities were available and people said activities were much improved. The registered manager had begun to build relationships within the local community.

Resident and relative meetings had been reintroduced and feedback had been sought via satisfaction surveys. People spoke positively about the management team and the improvements they had made to the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People were protected from the risk of avoidable harm or abuse. The provider had effective systems in place to manage any safeguarding concerns.

Risk assessments had been developed and were in place when required.

Pre-employment checks on employees were completed that helped to minimise the risk of unsuitable people working with vulnerable adults.

Medicines had been stored and administered safely.

### Is the service effective?

Good 

The service was effective.

Staff had received sufficient training, supervisions and observation of their practice to ensure they had the skills and knowledge to carry out their roles and responsibilities.

People were supported to maintain a balanced diet and spoke positively about the meals provided.

People had access to healthcare services when they needed them.

The provider was working within the principles of the MCA. Staff supported people to make decisions although this was not always thoroughly recorded.

### Is the service caring?

Good 

The service was caring.

People told us staff treated them with dignity and respect.

Interactions demonstrated positive relationships had been developed between people and staff.

Care records detailed people's wishes and preferences around the care and treatment that was provided.

Staff supported people to be as independent as possible.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were produced to meet people's individual support needs and were reviewed on a regular basis.

People and relatives aware of how to make a complaint. When complaints had been raised, appropriate procedures had been followed.

Activities had increased at the service which considered individual needs and abilities.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Effective quality assurance processes were now in place and used to identify areas of improvements

People, relatives and staff spoke positively of the management team and the improvements they had made. Staff told us they felt supported.

The registered manager sought the views of people and relatives and implemented actions where the service fell short of expectations.

# Thistle Hill 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 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.

Inspection site visits took place on 8 and 10 May 2018 and were unannounced. The first day of inspection was conducted by four adult social care inspectors. The second day of inspection was conducted by two adult social care inspectors.

As part of planning our inspection, we contacted Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection, we reviewed a range of records. These included eight people's care records containing care planning documentation, daily records and medicine records. We looked at four staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

We were unable to speak with some people who used the service due to their communication needs. However, we used the Short Observational Framework for Inspectors (SOFI) to observe staffs' interaction with people. We spoke with seven people who used the service and five relatives to gain their views. We also spoke with eight members of staff including the registered manager, deputy manager and head chef.

# Is the service safe?

## Our findings

At the last inspection in March 2017 we found concerns in relation to the deployment of staff, risk assessments not being in place when required and gaps in medicine recordings not always being explored. Due to this we awarded a rating of requires improvement.

At this inspection, we found the provider and registered manager had taken action to address these shortfalls.

There was still a high use of agency staff at the service and the recruitment of permanent staff was an on-going issue that the registered manager and provider had worked hard to address. We found the registered manager requested regular agency staff who were familiar with the service and people they were supporting to ensure consistency. Records we looked at confirmed this. The registered manager told us, "Our main priority is to ensure we have enough staff to support people safely. Agency use is still high but it is decreasing as we manage to get permanent staff through the doors."

People and relatives told us the use of agency staff was still an issue but that things had improved slowly. Comments included, "There is a lot of agency staff, especially at night but I am familiar with them now" and "There seems to be a real problem with getting permanent staff but they always cover shifts with agency where needed."

Agency profiles were available and a thorough induction checklist had been introduced to ensure agency staff received important information relating to the service and the people they were supporting before a shift commenced.

During the inspection we looked at four staff recruitment files. Safe recruitment processes had been followed to ensure new staff were suitable to work at the service. Applications contained full employment history, any gaps in employment had been explored, interviews were recorded and references and Disclosure and Barring Service (DBS) certificates had been received prior to employment commencing. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults.

People who used the service told us there was enough staff on duty to respond to their needs. Comments included, "Yes there is enough staff. I just wish we had more permanent staff" and "There is enough staff. There have been occasions when they have been short but nothing concerning." We asked staff their views on staffing levels. One member of staff said, "I don't think you can ever have enough staff. Even if we had 10 staff on shift we would still want more. I think staffing is sufficient, we are busy but we manage and people receive the care they need." Another told us, "I think we have enough on this unit."

The provider had a dependency tool which was used to determine staffing levels that were required to meet people's needs. At the last inspection we found the deployment of staff was not sufficient on the North Deighton unit of the service. At this inspection, the North Deighton unit was undergoing refurbishment and

as a result was not in operation. The registered manager told us, "Following the last inspection we have reviewed the deployment of staff on the North Deighton unit. We still only have one nurse on duty but have more staff on hand to support when needed."

Observations throughout the inspection evidenced that call bells were answered in a timely manner and staff were visible around the service. Staff rotas evidenced that staffing levels matched those stipulated by the dependency tool and these were reviewed on a monthly basis.

Risks to people had been assessed and appropriate plans to manage such risks were in place where required. Areas covered included falls, medicines and skin integrity. Risk associated with specific medical conditions, such as diabetes, had also been carefully considered. Thorough risk management plans were in place which had been reviewed monthly or sooner if required.

Risk assessments were in place associated with the day to day running of the service. Regular checks were made by the maintenance staff in areas such as water temperatures, emergency lighting and fire alarms. Test certificates for electrical testing, controlled waste, legionella and firefighting equipment were in place. Records showed that regular fire drills were taking place for both day staff and night staff.

A safeguarding policy and procedure was in place. Staff we spoke with were able to explain their responsibilities in relation to safeguarding and were confident any concerns would be address appropriately by management. Records showed staff had received sufficient training and when concerns had been raised, these had been report to the local authority as required.

A thorough approach to identifying and responding to gaps in medicine administration records (MARs) was now in place. The deputy manager took responsibility for auditing medicines to identify any concerns or errors. Audits showed that when concerns were identified appropriate action had been taken.

We looked at 20 MARs and found they contained the required information and had been completed appropriately by staff. Topical medicine administration records were now in place when required and had been completed appropriately by staff.

Medicines had been stored safely within a locked medicines room. Senior staff took responsibility for monitoring room and fridge temperatures to ensure medicines were stored within the required temperatures.

The service was clean and tidy throughout with no unpleasant odours. People told us their bedrooms were regularly deep cleaned and the service was well maintained. We did identify a sluice room that was unlocked and contain some items that were not stored appropriate. The registered manager took immediate action to address the issues.

## Is the service effective?

### Our findings

At the last inspection in March 2017 we identified that when a person lacked capacity, decisions made in their best interests were not always recorded in relation to restraint.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At this inspection we found improvements had been made but further improvements were needed. For example, a mental capacity assessment had been completed for one person regarding the use of a lap strap on a wheelchair. There were no recorded details of the discussion that took place or who had been involved and parts of the assessment contained no written information. However, the registered manager was aware that improvements were needed and an action plan was in place. They were working alongside the deputy manager to ensure all best interest decisions were recorded in accordance with the MCA.

Records showed that staff had received training in MCA and DoLS and staff we spoke with demonstrated an understanding of the procedures to follow if they suspected a person lacked capacity. DoLS applications had been submitted to the local authority when required. The deputy manager had developed a tracker so they could ensure DoLS renewals were submitted in a timely manner.

A thorough induction process was in place and was completed by all new staff when they joined the service. Staff new to care were also required to undertake the care certificate. The care certificate sets out learning outcomes, competences and standards of care expected; it is completed over a 12 week period.

Staff had received training in areas the provider considered mandatory. Training was provided through a range of provision including online or face-to-face in a classroom setting, meetings and informal learning. In addition, staff were required to complete specialist training in areas such as Percutaneous endoscopic gastrostomy (a tube that is inserted into a person stomach which provides means of feeding when oral feeding is not sufficient) (PEG), diabetes and epilepsy, some of which was delivered by relevant professionals.

Staff were now receiving regular supervision and appraisal, which was recorded and focused on areas of improvement, how this could be achieved, as well as acknowledging good practice and progress made. One

member of staff said, "I am pleased we are getting regular supervision. It gives us chance to have one on one discussions and focus on areas we need to improve. It is nice to get praise when we have done well too."

The registered manager had worked hard since being in post to build relationships with staff. Staff we spoke with told us they felt supported within their role although they had found the number of changes in the management team challenging. One member of staff told us, "The registered manager we have now is good. They seem to be working hard to try and improve things which is positive. It has been difficult for all staff because of the number of changes but I am confident we are in a better place." Another member of staff said, "We have got a good manager and I feel listened to now."

Where required, appropriate monitoring charts were in place. For example, people who were at risk of malnutrition had food and fluid monitoring charts in place which had been completed appropriately and contained sufficient information. Records showed that appropriate action had been taken when any concerns were identified, such as contacting relevant professionals if a person was refusing food and drink.

People's weights were recorded on a regular basis. People were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). People's weights were monitored in accordance with the frequency determined by the MUST score, to determine if there was any incidence of weight loss or significant gain. This information was used to update risk assessments and make referrals to relevant health professionals if needed. Staff were able to tell us whether the people they supported had specific dietary needs and if so what they were. The chef adapted dishes to people's requirements (such as soft or diabetic diets) and ensured alternatives were available if people did not want what was on the daily menu.

Since the last inspection a new chef had been employed. Discussion with the chef demonstrated they were passionate about providing people with nutritional meals that were of high quality. They told us they had a flexible food budget which was ample to be able to source and buy fresh produce. People we spoke with told us they were happy with the meals on offer. Comments included, "The food is very good now", "I have no complaints really. There is choice and we get asked what we think of the menu" and "The food is fine. Some things are a bit spicy for me but there are always other options."

We observed a lunch time service on three units and found the atmosphere to be pleasant and relaxed. Staff were available to offer support where it was needed and people were shown the meals on offer by presenting them on a plate. They were then able to choose which they would prefer. There was a four-weekly menu providing a variety of meals which also included a selection of vegetables or salad.

# Is the service caring?

## Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

People told us staff were caring and treated them with dignity and respect. Comments included, "The staff really are very good. They are polite, friendly and make an effort to chat" and "This is not just a job to them (staff). It is a vocation and they are doing it because they care."

Although the use of agency staff was still high people felt they received support from staff who were familiar with their needs, likes, dislikes and preferences. One person said, "There is a few agency staff but they come here regular so you get to know them. The manager is on the ball there. They don't just let anyone come."

During the inspection, we spent time in communal areas observing interactions between staff and people. Staff were kind and caring in their approach and explained to people what they were doing. For example, when moving a person in a wheelchair, staff knelt down and explained to them they were going to move them and asked if that was ok. Only when people responded positively did they begin to move the person.

It was evident from discussions with staff that they were familiar with the people they were supporting. Observation showed staff were able to recognise when people may be showing signs of being distressed and distraction techniques that would be effective in managing this. For example, staff identified that one person was becoming distressed because of the language they were using. Staff approached the person, offered their hand and guided the person to a specific area of the service where they were able to select an object which offered stimulation and comfort. The staff member then sat with the person and offered reassurance.

Relatives we spoke with told us they were actively involved in people's care. One relative told us, "I have a good relationship with staff. They contact me if they have any concerns and I am always kept up to date. I have been involved in review meetings and staff are open to my suggestions."

People's independence was actively promoted. The service employed a physiotherapist who visited people to encourage mobility. We observed staff encouraging people to re-position regularly and remain independent wherever possible.

People were treated with dignity and their right to privacy was respected. Staff had a good understanding of how to respect people's right to privacy and described actions such as covering people, closing curtains and ensuring doors were closed during personal care. On the Deighton and North Deighton unit appropriate dementia friendly signage was in place to allow people to navigate independently around the unit.

At the time of our inspection no-one using the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Information about advocacy services was available and the registered manager was clear of the process to follow if one was needed.

## Is the service responsive?

### Our findings

At the last inspection we found the service was responsive and awarded a rating of good. At this inspection we found the service remained good.

People told us that staff were responsive to their needs. People's comments included, "Staff are good really. The activities have got a lot better and they are trying to do more" and "There has been an improvement. I do feel staff listen to me and what I want. Nothing is too much trouble. We just need more permanent staff now."

Pre-admission assessments had been completed before people moved to the service. Areas assessed included mobility, nutritional needs, any health condition and incontinence. The registered manager told us these were an important part of the assessment process to ensure the service was able to meet people's needs.

Since the last inspection most care plans had been fully reviewed. They contained person-centred information which focused on how each individual wished for their care to be delivered. For example, one care plan detailed the level of assistance that was required by staff but also areas the person was able to manage independently with verbal prompts, such as brushing their teeth and choosing clothes for the day. This level of information ensured that person centred support could be provided at all times. Relatives we spoke with told us they were actively involved in the development of care plans and were kept up to date when changes occurred.

Life history documents had been further developed. Staff told us they contained information which was useful to instigate conversations with people. Relatives had been encouraged to contribute and provide as much information as possible. These documents contained information such as family details, previous occupations, interests and hobbies, as well as favourite holiday destinations and memorable event such as wedding anniversaries.

An advance care plans had also been introduced. This document gave people and relatives the opportunity to discuss with staff their wishes with regards to end of life support. It was clearly recorded who had been involved in these discussions and staff told us they encouraged relatives to be actively involved.

Thank-you cards were displayed around the service, many of which were from relatives of people who had been supported at the end stages of their lives. Comments within these cards included, "Thank you for the kind, caring and expert care you gave my mother" and "I am glad [person's name] was in such a safe place with caring, loving staff."

Since the last inspection a new activities coordinator had been employed and there were now two full time coordinators in post. Activities were available throughout the day and considered people's needs and abilities to participate. Throughout the inspection we found the activities coordinators adapted activities on offer to incorporate weather conditions. For example, it was a warm sunny day when we inspected and

activities were taking place in the courtyard of the service. Children from a local nursery had also been invited and there was a visit from an iced-cream van. People were encouraged to keep hydrated and refreshments were available and provided by staff at regular intervals. People appeared to enjoy the activities on offer and were seen smiling, laughing and joining in with singalongs.

People and relatives spoke positively about the activities on offer. One person told us, "Things are getting a lot better. There is more variety on offer. A relative said, "There seems to be more activities now and more going on in the home. People who never used to go outside are now being taken out. Staff make people laugh and it is a good atmosphere when I visit."

The registered manager was working hard to develop relationships with the local community. They told us they were working with the activities coordinator to try and embrace the community. Plans were in place for a bowling green to be developed on the grounds of the service for people to enjoy. They hoped that the local community would also make use of the facilities which would offer people the opportunity to socialise.

The provider had a complaints policy and procedure in place. We found improvements had been made to the way complaints were recorded and responded to. There was a clear system in place for recording when complaints had been received and any subsequent action that had been taken as a result. Where formal complaints had been received, these had been clearly recorded and responded to in line with the provider's policy and procedure.

People and relatives told us they were confident in raising concerns and felt their concerns would be listened to. However, one relative told us they had raised several concerns and were not satisfied with the action taken or explanations that had been provided. We discussed this with the registered manager who told us they were actively working with the relative to resolve any concerns that had been raised. Records we looked at confirmed this.

The provider complied with the Accessible Information Standard (AIS), which sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with disabilities, impairment or sensory losses. They achieved this by assessing and identifying and then managing people's individual communication needs.

## Is the service well-led?

### Our findings

At the last inspection we found effective systems or processes to assess, monitor and improve the quality and safety of the services provided and mitigate risks, had not been operated. This was a breach of regulation 17, Good governance. The service was therefore awarded a rating of requires improvement for the well-led domain. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

The service had a manager in place who joined the service in August 2017. They had registered with CQC in November 2017 and had substantial experience of working in the health and social care sector.

Effective quality assurance systems to monitor the quality and safety of the service had now been implemented and completed on a regular basis. They covered a range of areas including care plans, monitoring documentation, medicines and the dining experience. There was also a monthly audit which focused on clinical areas of the service such as pressure area care, people's weights and fluid intake. They were effective in identifying any shortfalls within the service. It was clearly recorded that when concerns were found, action plans were put in place. For example, a medicine audit completed in April highlighted that some photographs required updating and that a large controlled drugs cabinet was needed. Appropriate action had been taken to ensure these shortfalls were addressed within seven days.

The registered manager had also introduced unannounced night time observations of the service. These were usually conducted on a quarterly basis and looked at all areas of the service. For example, the registered manager was able to identify that night staff had not completed fluid monitoring charts in a timely manner and some staff were not wearing identification badges. This was addressed by the registered manager through discussions and supervision of staff practice.

The registered manager was supported by a senior management team within Barchester Healthcare. The regional manager and clinical development nurse visited the service on a monthly basis, or sooner if required, and completed quality audits so they could monitor improvements being made at the service. Following each visit, if recommendations were made, the registered manager produced an action plan. These plans detailed clear timescales of when the actions had been completed. For example, during a visit on 27 February 2018 it was highlighted that the services Business Contingency Plan had not been reviewed since 2017. This action had been completed on 5 March 2018.

Staff we spoke with told us they felt supported by the management team. They told us it had been challenging due to the changing in management but they found the new registered manager approachable and responsive. Comments included, "So far so good. I have no complaints about [registered manager]" and "I feel listened to and I always get a response which is a massive improvement." People, relatives and staff spoke highly of the new deputy manager. They told us they were responsive, motivational and available.

The registered manager spoke passionately about the service and the plans moving forward but was realistic with regards to timescales. They said, "There is nothing that cannot be fixed with hard work and a

good team of staff. I am continuously trying to provide more support and guidance to staff to ensure they understand why I am making changes and what it will achieve. I have a new deputy manager. They are very pro-active and staff seem to be responding to them well."

Regular staff meetings were arranged to ensure staff were kept up to date with changes within the service. They also provided staff with the opportunity to contribute ideas and any areas for improvement. Unit meetings were also taking place so staff could discuss areas which were specific to the unit they worked on and the people they supported.

Resident and relative meetings had also been reintroduced with the most recent meeting taking place in April 2018. The registered manager told us this gave them the opportunity to share progress made within the service but also try and build relationships. They told us, "I appreciate it has been a difficult couple of years for people and relatives with changes in management and staffing. I do feel we are making positive steps forward and meetings are one way of being able to communicate effectively." If people and relatives were unable to attend planned meetings, minutes were produced and shared to ensure they were kept up to date. These were displayed in the reception area of the service.

People and relatives spoke positively of the registered manager and told us they recognised the improvements that had been made. One relative told us, "It is clear they (the registered manager) are trying their very best to do whatever they can to improve things. If they carry on it will be a fantastic place."

Feedback had been requested from people, relatives and staff through a satisfaction survey. Results were displayed within the reception area of the service on a 'you said we did' notice board. It was clear people's views had been listened to. For example, people had commented that the food was not good enough. As a result, a new head chef had been recruited and new menus had been implemented.

The registered manager had sent the CQC notifications of incidents and events which were notifiable under current legislation. This ensured the CQC were kept informed with what was happening at the service and monitor its performance. Providers must ensure that their ratings are displayed conspicuously and legibly at each location delivering a regulated service and on their website, when they have received a CQC performance assessment for their regulated activities. We found that the rating from the last inspection was displayed in the service and on the provider's website.