

Shaw Healthcare (de Montfort) Limited

Thorndale

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

About the service

Thorndale is a care home providing personal and nursing care for up to 60 older people and people living with dementia. At the time of the inspection there were 40 people living at the home.

People's experience of using this service and what we found

People were treated with respect. Staff provided care and support in a caring and meaningful way. They knew the people who used the service well and had built up kind and compassionate relationships with them.

People were cared for safely. Any risks to their care were assessed and measures put in place to mitigate identified risks. The home was clean and tidy, and staff ensured people were protected from abuse or harm. Visitors were welcome at any time.

Staff were trained and were supported to fulfil their roles. People could be assured they were cared for by staff who had been recruited using safe recruitment procedures.

People were supported to eat and drink enough, and staff supported people to live healthier lives and access healthcare services. There were activities for people to participate in if they wished.

People and relatives, where appropriate, were involved in the planning of their care and support. Care plans reflected people's individual needs and guided staff to provide consistent care. People's privacy and dignity was maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were effective systems in place to manage the quality of the service and drive improvements. People's feedback was sought and acted upon, and staff were valued.

People and staff were confident if they had a complaint they would be listened to and action taken to address the issue. There was an open culture and ideas to develop and improve the service were welcomed.

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

Rating at last inspection

The last rating for this service was good (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Thorndale

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector, an assistant 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.

Service and service type

Thorndale 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 service had a manager registered with the CQC. 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including care staff, support staff, the deputy manager, registered manager and operations manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of four people who used the service, medicine records, a staff recruitment file, and quality assurance and safeguarding information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse. There was up to date procedures and information available to support them.
- People told us they were safe, and we saw people looked relaxed and happy around staff. One person said, "No fears whatsoever here. I would complain to the head person straight away." A relative said, "It's very safe here, I've never worried about it."
- The registered manager understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. For example, people at risk of falls had plans in place to mitigate the risk, and equipment such as crash mats were in place.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.
- Fire and health and safety checks were in place which ensured that people and staff were safe in the environment they lived or worked in and equipment to support people was regularly maintained.

Staffing and recruitment

- Staff recruitment processes protected people from being cared for by unsuitable staff. There were enough staff to provide consistent safe care and support to meet people's needs.
- Staff had been checked for any criminal convictions and references had been obtained before they started to work at Thorndale.
- People told us that there were usually enough staff to meet their needs. One person said, "The staff work hard so I'm sure they could do with more, but I don't wait too long." Staff confirmed that most of the time there were enough of them. We observed staff were busy at different times of the day but overall were available to aid people in a timely way.

Using medicines safely

- Medicines systems were well organised, and people were receiving their medicines when they should. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- Staff confirmed they had received training to administer medicines and their competencies were tested regularly.
- Audits of medicine administration were undertaken which ensured any shortfalls were addressed quickly.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff were trained in infection control and were provided with personal protective equipment to prevent the spread of infection. There were up to date policies and procedures in place for staff to follow.
- People who required a hoist to assist them move had their own sling which reduced the risk of cross infection.
- The home was clean and tidy, and the registered manager ensured cleanliness was maintained.

Learning lessons when things go wrong

- Incidents and accidents were monitored and reviewed to identify any learning which may help to prevent a reoccurrence. For example, incidents involving people falling were analysed to look for trends; referrals to the GP were made to seek guidance on any other action that may need to be taken to mitigate any reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 needs were assessed and their choices as to how they wished their care to be delivered discussed prior to coming to live at Thorndale. This was to make sure people's needs could be fully met and that they were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them.
- Care plans detailed people's care needs, their preferences, likes and dislikes and communication needs. Protected characteristics under the Equality Act had been considered, for example people's religious and cultural needs and lifestyle preferences.

Staff support: induction, training, skills and experience

- People were cared for by well trained, competent staff who had the skills and knowledge to provide the care people needed. Staff knew to give verbal prompts and encouragement to support people to move safely and independently.
- All new staff undertook a thorough induction and staff refreshed their training yearly which ensured they remained up to date with best practice. One member of staff said, "I shadowed more experienced staff when I started and am completing the Care Certificate, it was a nice induction."
- Staff told us they had regular supervisions and yearly appraisals.

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

- People who were at risk of poor nutrition and dehydration had plans in place to monitor their needs closely and professionals were involved where required, to support people and staff. A relative said, "[Relative] eats very little. They are on a food and drink chart to keep a close eye on this."
- People were complimentary about the food and choice available. One person said, "Food is very good they will make you something special if you fancy it." We saw that there was a choice of meals each day, and drinks and snacks were available throughout the day. One person said, "Plenty of drinks I even get Ovaltine at night."
- Staff supported and encouraged people to eat, and food was prepared for people on specialist diets such as pureed or mashed food for people with swallowing difficulties. The meal experience could be enhanced by more social interaction between staff and people. We spoke to the registered manager about this who said they would have a look at this.

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

- People were supported to access various health professionals such as a GP, district nurse, chiropodist and

dietitian. One person said, "I recently had a chest infection, they acted quickly and called the GP back when the antibiotics didn't work."

- Records confirmed when health professionals had visited and the guidance they had given which staff had followed. A health professional who was visiting at the time of the inspection told us the staff were very helpful and liaised well with them to ensure people got to see them if they needed to. We saw staff being receptive to one person's anxiety about seeing the health professional and supporting them to allay any anxiety.

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

- Thorndale was purpose built which enabled people to access all areas of the home and garden. There was signage to help orient people. We were informed that following a fire inspection some of the décor in the area where people living with dementia had to be taken down, however, there were plans in place to develop a more dementia friendly environment again.
- People had been encouraged to personalise their rooms and there were various objects of memorabilia around the home which formed topics of conversation.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw they were.

- People's mental capacity had been assessed and where people had been assessed as lacking capacity to make certain decisions we saw that best interest decisions had been made and recorded. Professionals, family and other interested parties had been consulted.
- The registered manager had sought the appropriate authorisation and where conditions had been made these were being met.
- Staff sought people's consent and understood the principles of the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 continued to be cared for by staff who were kind, caring and knew people well. One person said, "You could not get better care anywhere, the staff are great, and nothing is too much trouble." A relative said, "The staff seem to get to know residents quickly and [relative] has a good relationship with them."
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and snacks and where they liked to spend their time. Reviews had taken place, and these provided people and their relatives with an opportunity to discuss their care. One person said, "We discuss my routine each day and I feel I am involved."
- Staff respected and understood people's diverse needs. Equality and diversity were promoted, and information was available to assist staff to support people with different cultural needs. One person said, "We treat each other as equals and get to know each other. I do feel like an individual."

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

- People were offered choices such as where they wished to sit in communal areas, what food they would like and whether they preferred a male or female carer. There was a relaxed atmosphere and people were free to choose how they wished to spend their time and when they wished to get up and go to bed. One person said, "I have freedom to make my own choices, I often go out."
- The registered manager was aware of the need to involve an advocate if someone had difficulties in speaking up for themselves and had no family to represent them. There was information about local advocacy services available to people. There was no one at the time of the inspection being supported by an advocate. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- People were free to come and go as they pleased and those with restrictions in place were supported to access the community if they wished.
- Staff spoke to people politely and referred to people by their chosen name.
- Bedroom doors were closed so that people were not observed when having personal care. We saw staff knocking on doors and waiting for a response before they entered the room. One person said, "When I'm having a wash the door is closed and I'm not exposed."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were treated as individuals and staff knew people well. One person said, "They [staff] have taken time to get to know me and realise how anxious I get."
- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people. One person said, "We discussed a way to try and prevent me getting sore; they now come in every two hours to remind me."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in activities both individually and as a group. There was a monthly newsletter 'The Thorndale Tattler' which informed people about events and activities coming up. Most people thought staff provided enough activities and stimulation for them. One person said, "There's a good list of things to consider and staff come and remind me." We saw staff spend time with people individually throughout the day and a small group of people playing bingo.
- Visitors were welcomed by staff and people's relationships with their family members were encouraged and promoted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand. One person told us staff had developed picture cards and signs to support them with their communication.

Improving care quality in response to complaints or concerns

- People knew who to complain to if they were unhappy.
- There was a complaints procedure in place and people had access to information about making a complaint. The provider looked for any trends in complaints and took the appropriate action to address any concerns raised. We saw when complaints had been raised they were responded to in accordance with the procedure.

End of life care and support

- People's care plans included information about how they wanted to be supported towards the end of their lives and people had made decisions around whether they wished to be resuscitated.
- Staff had access to end of life training and there was a policy in place to guide staff. At the time of the inspection no one person was receiving palliative care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the culture and atmosphere in Thorndale. One person said, "The staff seem to get on and enjoy their work." Another person said, "The staff cover extra shifts rather than use care staff from an agency, this is so much better."
- Staff said they felt supported and were focussed on providing people with the individual support they needed. One staff member said, "I love working here, you are doing something for people and they do something for us."
- People knew who the registered manager was and wished they could see more of them. We fed this back to the registered manager. Staff were approachable, and people commented they felt listened to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour and they and the provider had systems in place to ensure compliance with this. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider had effective systems in place to monitor the quality of the service. Regular audits were undertaken, and any shortfalls found were quickly addressed.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to and supported. They had regular supervisions and training which ensured they provided the care and support at the standards required.
- The registered manager notified the Care Quality Commission (CQC) of events they were required to by law and had displayed the service's previous CQC rating as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were asked for their feedback via surveys and resident and relative meetings. One person said, "I go to the resident's meetings. Staff are approachable and follow any suggestions through." Another said,

"The meetings are a chance to share your views."

- Staff told us they had staff meetings where they could discuss what was happening in the home and learn from any incidents and they had an opportunity to complete staff surveys twice a year.
- The registered manager ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improve the quality of care people received.

Working in partnership with others

- The registered manager referred people to specialist services either directly or via their GP. Records confirmed the service had worked closely with district nurses and people's GPs.
- Relationships had been developed with local schools, throughout the year groups of children would visit to entertain people.