Shaw Healthcare (de Montfort) Limited

Thorndale

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 11 November 2014.

Thorndale provides accommodation for people requiring personal care. The service can accommodate up to 60 people. At the time of our inspection there were 58 people using the service. The home is divided into three distinct areas which are situated on three floors of the home. The Laburnum and Holly, Willow and Magnolia areas provide care to older people with high care needs. The Cherry and Lilac areas provide people with dementia care. People live in the area that is best suited to their needs.

There was a registered manager in post. However, they were absent from their post at the time of the inspection. The provider had appointed an interim manager to run the home in the registered manager's absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were not enough staff to support people during meal times.

Systems in place for the management of medicines were not always safe.

People received an assessment of risks relating to their care. Although some risk assessments did not identify risks to people's health and safety.

People were safeguarded from the risk of abuse. There were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

People received food that met their dietary needs and food choices were available.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). There were procedures in place to assess people's ability to make decisions about their care. Staff understood how to make best interest decisions when people were unable to make decisions about their care.

People received support to maintain their health and wellbeing and people's care was regularly reviewed to ensure it was effective.

People experienced care that maintained their need for privacy and dignity. Staff supported people to make decisions and choices about their care.

The service supported people to undertake a range of social activities and pastimes.

The provider had a complaints system in place which ensured people's complaints were dealt with appropriately.

People were asked for their feedback about the service and improvements were made.

There was a system of quality assurance which was designed to identify any shortfalls in providing a good service. The provider made improvements to the service and had clear expectations that people should receive a good standard of care.

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 not always safe.

There were not always enough staff on duty during meal times.

The procedures in place for managing people's medicines were not always safe.

People had risk assessments in place however they were not always updated to reflect any changes in risk as they occurred.

Effective recruitment practices were followed.

People were protected from the risk of abuse and safeguarding procedures were in place.

Requires Improvement

Is the service effective?
The service was not always effective

People received a choice of nutritious meals and snacks. However, some feedback indicated the need for further improvements.

There was a system of staff training and development in place to enable staff to do their jobs.

There were systems in place to assess people's decision making abilities and staff appropriately made decisions in people's best interests when this was required.

People were supported to receive care that met their health and wellbeing needs.

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Requires Improvement

Is the service caring?
The service was caring.

Staff interacted with people in a positive way and adopted a caring approach to providing care.

People were supported to make choices about their care and staff were respectful of their decisions.

People received care that maintained their need for privacy and dignity.

Good

Is the service responsive?
The service was responsive

People received support to maintain their health and wellbeing and staff worked well with health professionals involved in people's care.

Good

Summary of findings

People received support to undertake a range of social activities, hobbies and interests.

People's complaints were appropriately dealt with and were resolved to the satisfaction of the complainant.

Is the service well-led?

Good

The service was well-led

People were involved in making decisions about the service. The provider made improvements and expected staff to provide a good level of care.

There was an open and honest culture at the home which made it easy for people and staff to raise any concerns about the service.

There was a system of quality assurance in place which was designed to check that people received a good level of care and to identify any shortfalls to the service and make necessary improvements.

Thorndale

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 unannounced inspection took place on 11 November 2014 and was carried out by two inspectors. The inspection team was supported by an Expert-by-Experience (Ex-by-Ex) and a specialist advisor. An Ex-by-Ex is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor had specialist knowledge of providing dementia care.

Before the inspection, we looked at information we held about the service including statutory notifications. A notification is important information about events which the provider is required to send us by law. We also spoke to health and social care professionals and service commissioners. They provided us with information about recent monitoring visits to the service including the outcomes of safeguarding investigations.

During this inspection we spoke to a senior manager who worked for the provider, the interim manager of the home, the deputy manager and 18 care workers. We spoke with 16 people who were using the service and six relatives. We undertook general observations in communal areas and during mealtimes. 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 reviewed the care records of 13 people who used the service and nine staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Requires Improvement

Is the service safe?

Our findings

There were insufficient numbers of staff to support people during meal times. For example, we saw people living with dementia needed staff assistance to eat their meals. The interim manager had allocated extra staff to support people, however, at lunch time we still observed people were delayed in receiving their meals. This resulted in people falling asleep at the table because there was no one to assist them and others had to wait for assistance because they needed help to cut their food. Whilst we saw that staff made every effort to meet the needs of all people, there were not enough staff to make sure all people received appropriate support to eat their meal.

In other areas of the home, where people were more independent, we observed that there were sufficient staff to support people with eating their meals. There were also enough staff at other times of the day to provide people with their care. We saw that staff had time to care for people while also taking the time to talk to people in a relaxed manner and assisting them with a range of social activities. We observed that staff responded promptly when people required assistance.

People and their relatives spoke highly of the staff and told us they were of good character and experienced in doing their jobs. One relative said "They are very kind staff and all are genuine people". One person said "I like it here and the staff are all good". We saw the provider had recruitment processes in place to ensure staff were of suitable character and had the skills necessary for the job role. For example, staff told us they needed to complete an application form and have an interview to check they matched the requirements for the role. We also found that the provider had ensured staff had a Disclosure and Barring Service check (DBS). This check helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We saw the provider had obtained employment and personal references to confirm the staff's suitability to work at the service.

The systems for managing people's medications needed strengthening. We saw that there were procedures in place for the safe handling of people's medicines. However, in one area of the home we found that some people's medication stock levels and medicine administration records (MAR) did not tally. This made it difficult to ascertain whether people had received all their medication.

In another area of the home, the medication stock record was missing; therefore we were unable to confirm whether stock levels were accurate. While we saw a medication audit was in place, this had not identified any discrepancies in medication stock levels.

Staff were knowledgeable about people's medication needs and demonstrated competency when administering people's medicines. However, we observed that the staff responsible for giving people their medicines were frequently interrupted by other staff. This led to a disjointed approach in administering medicines which increased the risk of errors occurring. We saw that medicines were stored safely and securely.

Risk assessments were undertaken; however they did not always identify significant risks to people's health and safety. We saw risk assessments were in place for the safe use of bed safety rails. These are used to prevent people from the risks associated with falling from their bed. When these are in place additional foam protectors are often used to promote additional safety. However, we saw that bed safety rail risk assessments had not been updated when risks to people's safety had changed. For example, two people had pressure relieving mattresses which prevented the use of full bed rail protectors. This meant there were additional risks to people's health and safety and risk assessments had not been used to identify these risks. Following the inspection, the interim manager confirmed that they had re-assessed all the people who required bed safety rails and full protectors were in use to protect people's safety.

We saw that a range of risk assessments were in place, designed to reduce the risk of unsafe care. For example, risk assessments were undertaken to reduce the risks of people losing weight and not having enough to drink. Risk assessments had also been completed to identify the risk of developing pressure ulceration and to identify the risk of having a fall. We found that the staff demonstrated a good understanding of the risks relating to people's health and safety.

People told us they felt safe living at the home and staff understood their responsibilities in relation to safeguarding people. One person said "I like living here and I feel safe". A relative told us "We know our relative is safe here and do not worry about them at all". The staff were knowledgeable in recognising the different types of abuse and understood their responsibility to report safeguarding concerns by

Requires Improvement

Is the service safe?

following the provider's safeguarding policy and procedures. One member of staff said "I feel the residents are free from harm here. I have been trained on how to report safeguarding concerns". Another member of staff said "I am very aware of safeguarding and would report any concerns". We saw that appropriate safeguarding referrals and notifications were made to agencies such as the Local Authority and the Care Quality Commission (CQC). We saw that safeguarding investigations were taken seriously by staff and the interim manager who had investigated safeguarding concerns appropriately.

Requires Improvement

Is the service effective?

Our findings

People received a choice of suitable food and drinks; however some feedback indicated that people were not always happy with the food choices available. For example, three people told us that there were not enough food choices on offer and commented that the standard of food had declined. One person said "The food is good but you don't always get what you want. I have given up asking. I like plenty of gravy and I do get that". Another person said "It took them three weeks to get haddock for me; they do what they want and not what we want them to do. The food has gone down-hill". Other people told us that the food was very good. A group of people who were socialising around a dinner table told us that they enjoyed the food choices and one person commented that the food was "all home-made". We saw that the cook had recently attended a people's and relatives meeting to gain feedback on the food choices available and to improve the menu.

Staff identified people who were at risk of not eating and drinking enough and monitored their progression. This involved monitoring how much food and drink people consumed each day and contacting people's G.P's when they were concerned about people's food and drink intake. However, the provider's nutritional policy was not always followed in practice. For example, we identified that people at high risk of weight loss were not always supported with home-made milky drinks or with a weekly check of their weight as specified in the provider's policy. We raised this with the interim manager who told us they would look into this matter.

People and their relatives told us that staff were skilled in caring for people. One person told us that staff had good moving and handling skills and said "I feel secure when the staff use the hoist to move me". A relative also commented that "The staff know what they are doing and mum has improved since being here". We also observed that staff had skills in caring for people. For example staff cared for people living with dementia by assisting them to look at photographs of family and friends to enable them to remember their past history. The provider had a staff training and development system in place which included induction training for new staff and update training for existing staff. One staff said, "All the staff are competent and we have a comprehensive induction which covers safeguarding training in great depth". Another member of staff said "We have had training in caring for people with dementia, how to prevent pressure ulcerations and how to use pressure reliving equipment". The staff training records confirmed that there was a system of staff training and development in place.

Staff had opportunities to undertake additional vocational training to enhance their knowledge of providing care to people. The provider had appointed a member of staff to be a vocational training assessor to enable more staff to complete vocational qualifications. Staff told us that they were adequately supported by their manager and received a supervision to check they were working to the required standards. One member of staff said "We have regular supervision and staff appraisal with our team leader". We observed that staff had a professional approach to providing care and interacted with people in a positive way which demonstrated that they were focused on providing good care.

People who were unable to make informed decisions were appropriately supported by the staff. We saw people's care plans had information about how care was to be provided in the person's best interests and in line with their likes, dislikes and preferences. The interim manager was aware of their responsibilities under the Mental Capacity Act 2005 and in relation to the Deprivation of Liberty Safeguards (DoLS). People who were unable to provide consent for their care had received or were in the process of receiving an assessment by the Local Authority to ensure the appropriate safeguards were in place.

There were systems in place to monitor and respond to people's health and wellbeing needs. People and their relatives told us they received positive support to meet their health needs. One person said "I like it here the staff are good and the doctor comes and visits me". Another person said "The GP was called when my leg was bleeding and I know if I'm unwell they will get the doctor". The staff told us that they monitored people on a regular basis and observed for any changes in their behaviour or appearance. They also encouraged people to get up and move around to promote their wellbeing. People's care records showed that staff recognised signs of ill health and took appropriate action such as contacting people's G.P's or the district nurse so that appropriate treatment was sought

Requires Improvement

Is the service effective?

swiftly . There was a system of staff handover in place and we observed that staff were informed of changes to people's health and wellbeing to ensure care was effective and met individual needs.

Good

Is the service caring?

Our findings

People and relatives were positive about the staff working at the home and told us that they and their family members were well looked after. One person said "The staff are very kind". Another person told us that the staff were all "friendly". We observed that staff working in all areas of the home adopted a caring approach towards people and we saw that staff spent time with people undertaking a range of social activities and pastimes. We observed that staff interacted with people living with dementia in a positive way and assisted them to look at "memory boxes" which contained photographs to stimulate their memories.

People were supported to express their views and they were given time to make decisions about their care. For example, during the lunchtime service, people living with dementia were offered a choice of two meals and they chose the one they preferred. We also found that staff spoke in simple language to enable people to make choices and offered people choices such as deciding where they wanted to sit and what they wanted to eat and drink. People and their relatives told us that people were supported with sufficient choices about their daily care. One person told us "I love life and I got up late today". We saw staff supported their choice to get up later by serving breakfast at their chosen time. A relative told us their family member liked to see the family dog and they were encouraged to bring the dog to the home. They also said "The care staff are great here. They talk to me about my relative and I'm offered dinner, so I can stay and eat with mum".

Staff showed a good awareness of the need to support people with choices and used several approaches to encourage people to receive their care. For example, one person living with dementia did not want to see a health professional visiting the service. We saw that a member of staff used techniques to explain, encourage and motivate the person to their receive care. We also observed when they refused their care; the member of staff respected their wishes and made alternative arrangements with the health professional. We also found that staff had a good understanding of people's personal histories and were knowledgeable about people's likes, dislikes, and personal preferences. This approach supported people living with dementia to make choices and receive care that was in line with their preferences.

The staff respected and maintained people's need for privacy and dignity in their care. For example, we observed that the staff always asked people before care was given to them and knocked on people's doors before they entered the room. The staff told us that they promoted people's dignity by encouraging people to be independent and where possible to care for themselves. A relative told us "My relative is definitely treated with dignity and respect". We observed that each person had their own bedroom which had a private shower and toilet facility and we saw that people's personal care was given to them in private.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in the planning of their care. For example one relative said, "The care plan has been discussed with us and we are kept informed of any changes. The staff took a full history and did a comprehensive risk assessment. The staff were made aware of my relative's likes and dislikes". People were involved in the planning of their care and received personalised care to meet a variety of care needs. We found that people had individualised plans of care which contained information about their care needs and also about their preferences, likes and dislikes. We saw each person had a "map of life" and this included information about their personal history and expressed likes and dislikes. We found that systems were in place to ensure care was responsive to people's needs. This included the staff regularly reviewing people's care planning information to enable them to reflect people's changing needs.

There was an extensive range of social activities at the home and people could choose to take part in community events or to undertake individual pastimes. We observed that there was a coffee morning taking place in the home and all people were invited to attend with their relatives and friends. The staff told us that people were encouraged to maintain community involvement for example to attend church services or to go to a local garden centre.

People living with dementia were provided with visual stimulation as there were several "themed" areas of the home. For example, there was a "jungle" area which had a variety of soft toys and plants and a "kitchen area" with kitchen equipment designed to stimulate people's memory of home. We saw that the communal bathroom was decorated with large and brightly coloured sea creatures. The staff informed us that they used these pictures as a topic of conversation to assist people who were apprehensive about having a bath.

There was also a secure outside garden and people were encouraged to plant and grow vegetables. Staff told us that several people enjoyed gardening and the vegetables were used by the kitchen. Local schools were regularly invited into the home to sing to people and the 'brownies' visited to do 'helpful tasks' for people. Relatives told us that the choice of activities was "wonderful" and there was always something to do. We observed that people were given opportunities to undertake individual pastimes. For example, we saw staff supported one person to complete a jigsaw puzzle and another person choose to watch an 'old fashioned' film.

There was a proactive approach to dealing with people's complaints. People and their relatives told us that at present they did not have any complaints but would not hesitate to raise complaints with the staff or with the manager. We found that staff demonstrated a good knowledge of dealing with complaints and told us they tried to resolve any matters raised with them as promptly as possible to prevent them escalating to complaints. There had been one informal complaint made to the interim manager about their relative's care. We saw that the interim manager had addressed this complaint and had raised the concerns with the staff. They had also implemented a new recording system to ensure that all care given was clearly recorded and accessible to the person's family.

Good

Is the service well-led?

Our findings

People and their relatives were involved in making decisions about the service. We saw regular meetings were held with them to discuss improvements taking place at the home. People were consulted about plans to re-decorate the home, to improve food choices and to make suggestions about social activities taking place. The provider had also undertaken a survey to find out about people and relative's feedback on the service provided. We saw that most people's feedback was positive about the home, however the findings of the survey had not yet been analysed. The interim manager told us they planned to discuss the findings of the survey at the next meeting.

People, their relatives and staff told us there was an open and honest culture at the home. The interim manager was said to be approachable which made it easy to raise any concerns about the service. One relative told us "We know who the manager is and I can make myself heard if I need to. We have no complaints". A member of staff said "I have a very supportive team leader and manager, they are great".

There were systems in place, such as team meetings and a staff survey to allow staff to comment about the service. We saw they freely expressed their views and raised areas of concern with the interim manager. The staff spoke positively about raising their concerns and told us they were rectified immediately. One staff said "If we ask for extra cleaning to be done in some areas it is actioned. Anything we request during our meetings is put into place". Another member of staff had suggested new carpets in a living area and we saw this improvement had been made.

The staff told us that the interim manager and the provider expected high standards of care to be provided and they were encouraged to create a "homely" environment. One member of staff told us that the focus was on "improving people's lives". Another member of staff said that "people were to be treated like one of the family".

The staff were aware of their responsibilities in reporting incidents, accidents and safeguarding concerns and understood how they could whistle-blow to external agencies such as the Local Authority or Care Quality Commission (CQC). Whistle-blowing is when a member of staff suspects wrongdoing at work and makes a disclosure in the public interest.

We saw the provider completed a "quality of life" audit every six months to check whether people had a good standard of living at the home. This checked areas such as the environment, staff training and standards of care. The system identified any shortfalls and we observed that action plans were put in place to plan for improvements to be made. For example, the provider had recently identified that staff had not received supervision with their manager and we saw the interim manager had taken appropriate action to resolve this situation. We also saw that the provider had identified the action for all staff to study for a vocational qualification in care to raise standards in providing care. We saw this action was in progress as many staff had already obtained this qualification.

There was an electronic incident reporting system in place which was widely used by staff to record a variety of accidents, incidents and safeguarding concerns. The provider had an overview of all incidents occurring at the home to enable them to spot trends and reduce the risks to people receiving care. There was a regular system of audits and spot checks in place which included checks to the management of medicines, staff training, and the environment. For example, a recent care plan audit had identified the need for people to sign their care planning records and senior staff had been tasked with ensuring this action was completed. The provider hosted regular meetings with the manager of the home and managers of the providers other homes to discuss areas of concern and to monitor the completion of action plans following the provider's checks and audits. The interim manager told us that the meetings were an opportunity to share ideas and gain advice on making improvements to the service.