Greensleeves Homes Trust

Thornbank

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Thornbank Residential Care Limited provides accommodation and personal care for up to 33 older people, some living with dementia.

There were 30 people living in the service when we inspected on 15 February 2016. This was an unannounced inspection.

There was a registered manager in post. 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.

Staff were trained and supported to meet the needs of the people who used the service. However, people's capacity to make decisions was not always properly assessed. This meant consent was not routinely obtained for all aspects of care and treatment provided.

There were procedures and processes in place to ensure the safety of the people who used the service. There were sufficient numbers of staff to meet people's needs. Recruitment processes checked the suitability of staff to work in the service. There were arrangements in place to ensure people were provided with the medicines in a safe way.

People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People were provided with personalised care and support which was planned to meet their individual needs. People, or their representatives, were involved in making decisions about their care and support.

A complaints procedure was in place. People's comments, concerns and complaints were listened to, and addressed in a timely manner.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were identified and addressed promptly. As a result the quality of the service continued to improve.

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.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Consent for all aspects of care and treatment had not been obtained properly because the service was not following the principles of the Mental Capacity Act 2005 in respect of determining the best interest decisions for people with limited or no capacity to make decisions.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Thornbank

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 February 2016, was unannounced and undertaken by two inspectors.

Before our 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. We also looked at information we held about the service including notifications they had made to us about important events.

We spoke with nine people who used the service and three relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We spoke with the deputy manager and five members of staff, including care and catering staff. We looked at records in relation to five people's care. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I am very happy here. It is a 'Home from home' to me. I feel safe because they are very good staff and they care."

Staff had received training in safeguarding adults from abuse. They understood their responsibilities to ensure that people were protected from abuse. They knew how concerns were to be reported to the local authority who were responsible for investigating concerns of abuse.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using mobility equipment, pressure ulcers and falls. These risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated.

Risks to people injuring themselves or others were limited because regular health and safety checks were undertaken. Equipment was routinely serviced, including electrical hoists. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People told us that there was enough staff available to meet their needs. One person said, "If I use this [call bell], they [staff] come pretty quickly I am never left waiting." Another person told us, "The staff are all good. I very much like living here, lovely crowd of girls. Even if they are busy, they will be very apologetic if I have to wait which isn't very often". During the course of our inspection staff were responsive to people's needs and attended to requests for assistance promptly.

The deputy manager told us how the service was staffed each day to make sure people's needs were met. This included ensuring that the busier periods of the day, such as the mornings, were staffed to reflect the increase in people's needs. This was confirmed by records, our observations and discussions with staff. Staff told us that they felt that there were enough staff on each shift to meet people's needs safely.

We looked at the recruitment records of three staff members which showed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Staff had been trained to administer medicines safely and they were observed to ensure that they were competent in this role.

Medicines administration records were appropriately completed. Staff had signed to show that people had been given their medicines at the right time. People's medicines were kept safely but available to people

when they were needed.

Requires Improvement

Is the service effective?

Our findings

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. 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 MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some staff had received training to enable them to understand their responsibilities under the MCA and DoLS. For example, staff were aware that some decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held. However, other staff we spoke with did not display an understanding of the issues involved, stating that they thought mental capacity was to do with behavioural issues only. We saw one care plan which showed that the person had no capacity for self-medicating, holding a room key, having a choice of visitors, a choice of keyworker or having a choice of meals. There were no mental capacity assessments s or best interest decisions on file for this. The care plan was not dated. This was discussed with the Deputy Manager who agreed that improvements around the Mental Capacity Act were required.

This was a breach of regulation 11(3) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People told us that staff asked for their consent when they were supported with their personal care and daily routines. People who were able, signed a consent form in their care plans to confirm they agreed with their care, and where appropriate relatives and representatives were also involved in this process. Staff offered people choices of what they would prefer to drink or wear, where they would like to sit or what they preferred to do.

People told us that that the staff knew what they were doing and supported them well. Staff told us that they received the training they needed to develop their skills and meet people's needs

Staff attended training courses relevant to their role, such as health and safety, fire safety, moving and handling, first aid awareness, infection control and basic food hygiene. Specialist training such as in diabetes and diet and nutrition had also been provided.

Staff understood their roles and responsibilities. New staff undertook induction training and shadowed senior staff before they were deemed competent to work on their own. There was a three month probation

period to assess staff skills and performance in the role. The induction training was competency based in line with the recognised government training standards (Skills for Care). The provider was aware of the new Care Certificate, an identified set of standards that social care workers adhered to in their daily working life and was introducing these when inducting new staff.

Staff told us that there was an ongoing training programme which supported them to carry out their role to meet people's needs. One member of staff told us, "I have regular training and had first aid training recently. I like working here and I am happy."

Staff told us they discussed their learning and development in their yearly appraisal and the regular one to one meetings with their manager.

People told us that the service acted promptly when they felt unwell. They told us that they were able to see their doctor as needed. The management team made referrals to other health professionals if a need was identified. People had been visited by opticians, dentists, occupational therapists (for specialised equipment), dieticians, psychiatrists and the mental health team. The outcomes of visits from health care professionals were recorded, and care plans showed that treatment and care was given according to their directions.

People told us the food was very good. They said, "The food is good and it is not very often that I think; 'Oh it's the same old thing' I get a choice of two mains and three sandwich varieties, it is very good. Suppertime is soup and sandwiches or something on toast. I am happy with the food. If I have a problem I talk to [chef] is very good and listens." Another person told us, "It is all home cooked food and it is very good. The food is excellent, especially the dinners". Opportunities had been taken to make mealtimes sociable and help stimulate discussion and interest. For example the dining room was decorated with lanterns as the service had recently celebrated Chinese New year with a Chinese meal. People told us that this had been enjoyable?

We observed the lunch being served. There was a choice of dishes available.. No one needed assistance, although there were members of staff around if that had been necessary. People chose where they wanted to have their lunch, either in the dining room, the lounge or their bedroom.

People's weights were recorded monthly. Any significant weight gains or losses were reported to the management team to ensure appropriate action had been taken. Records showed that an appointment had been made with their doctor if they had lost weight. Each person had a nutritional assessment to identify if they needed any specific dietary support and when required they had been referred to dieticians. Fortified drinks were supplied to boost people diets and some people had supplements, such as cream added to potatoes. The cook was familiar with people's different diets and ensured that people had a varied menu to choose from. Staff told us it was standard practice to introduce fluid charts when the weather was hot to ensure that people received the drinks and hydration they needed. Various drinks were available to people throughout the day and staff made sure that people had the fluids they needed.

Good

Is the service caring?

Our findings

People told us that the staff were caring, polite and very respectful. One person said, "This member of staff are wonderful, anything you ask for they just do it. I think it is a good home. I didn't want to come but when I came it was much better than what I was told. We don't choose where we sit (at lunchtime) but we like sitting together. We have a laugh." Another person told us, "Excellent care staff, they really do look after us well. I am treated with kindness and understanding".

A relative talked about the passion that staff had to ensure that people received the care they needed. They said, "The staff and management are really lovely. Very caring and supportive".

Staff greated people whilst carrying out their duties; they stopped and chatted to see if people needed anything, such as a drink. They listened to what people wanted and responded promptly to their requests. Communication assessments were part of the care plan and there was guidance for staff to follow to make sure they could interact with people and understand their needs. For example, one plan stated to be patient and take time to speak with the person so they had an opportunity to retain the information. Staff went down to the appropriate height to speak with people quietly and reassured people when they became anxious.

One staff member observed a person needed support with their hearing aid. The staff member treated the person with care and consideration; they explained that the hearing aid would be removed, adjusted, cleaned and replaced. This was done sensitively and the person was very pleased when the aid had been replaced and they could hear properly again.

Staff supported people with their mobility with care and consideration by reassurance and conversation, to make people feel at ease and safe. Staff attentively watched when people walked with their mobility frames and only helped if they were asked to or felt the person needed assistance.

People told us that they had lots of choice and their preferences were taken into account. One person said, "I have my own things in my room. I have a choice of food. The staff are okay. I don't think there is anything that could be better". Individual preferences were reflected in their care plan to ensure that staff had clear guidance of how to support this person to remain as independent as possible.

Staff were attentive when people went into the garden and were very patient when assisting them to do so, no matter how many times people wanted to go in and out of the home.

People told us they were treated with privacy and dignity. One care plan had details of how staff should support a person to have a bath. The plan clearly stated that staff should remain outside the bathroom until the person wanted support. Staff knocked and waited to be invited into people's bedrooms before entering. People told us that the staff made sure they received their personal care in private, by closing doors and curtains.

Records showed that people were encouraged to remain as independent as they could. One person said: "I like to be independent so I keep myself clean and tidy, I don't want anyone to help me". Staff respected this decision but observed and monitored the person to make sure they were able to remain safe..

People told us that they could see their visitors in private if they wished. Visitors were made welcome in the service and people told us they were able to access the community. One person said, "I go out and also visit my relative's home and have a meal there, which I do so enjoy". Another person told us that their visitor came several times a week and that they went out frequently. They said they had a good rapport with other people and staff.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, "I am very happy here. I do what I like when I like." Another person said, "I have been here two years. I am very happy here. It is a 'Home from home' to me. I like all of the people here. I have a very nice sunny room. I am very pleased and satisfied". One person's relative said, [Person] loves it here, and their individual needs are well met."

Relatives had also commented in a number of 'thank you' cards we saw at the service. One said, "I'm so happy I found a home for [person] with you. It's wonderful not to have to worry and know that [person] is happy and being so well looked after."

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes. This was reflected in the way that they interacted with people and the discussions they had.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs.. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences.. The records included information about people's preferred routines and how these were to be respected. We saw correspondence between the service and a relative, in which the relatives had requested changes in the support provided, for example, putting clothing away because the person could no longer independently do this. The service had responded to the request and reflected this in the care planning.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "We have prize bingo and play skittles, I never get fed up." Another person told us that they liked the entertainers who came into the service. During our visit, the activities co-ordinator was showing those who use the service a puppy. There was lots of engagement, laughter and conversation during this and the activities staff moved from table to table with the puppy and also went to people's bedrooms so involved everyone. Thornbank had a dog, cat, chickens and a rabbit which staff said encouraged people to engage and take an interest in something even when communication was difficult. The service had a mini bus which was used to take people out. Examples people told us about were bingo and shopping.

Records identified who people had relationships with, such as family and friends. The records also noted the friendships people had with the others living in the service. This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

People told us that they knew who to speak with if they needed to make a complaint. One person said, "You won't find fault here." Another person commented, "I have never made a complaint but can speak with anyone if I am worried about anything." One person's relative commented that they had not needed to complain but knew that they could if they wanted to.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a concern. In meetings attended by the people who used the service, they were asked if they had any concerns or complaints they wanted to discuss. There had been no formal complaints received in the last 12 months but records showed that they were investigated and responded to in a timely manner. The deputy manager told us that either they, or the registered manager spoke with people and relatives on a daily basis and any concerns were addressed immediately which prevented people being unhappy enough to raise a formal complaint. They shared examples of how they had addressed concerns including replacing furnishings.

Good

Is the service well-led?

Our findings

There was an open culture in the service. People gave positive comments about the management and leadership of the service.

People were involved in developing the service and were provided with the opportunity to share their views. There were meetings held for people who used the service, and people told us that they were encouraged to share their views and ideas for improving the service, such as with the menu and activities. Where people had requested specific items on the menu we saw that these were now included. These minutes included the actions taken and showed that people were kept updated with changes in the service such as the plans for a walk in shower room. This showed that people's comments were valued and used to improve the service.

Staff told us that they felt supported and listened to and that the registered manager and provider were approachable and supported them when they needed it. One staff member told us, "I get enough emotional support and if I do not understand anything there is always someone to ask." Staff understood their roles and responsibilities in providing good quality and safe care to people. The deputy manager told us that the staff always reported concerns and issues, such as in the environment and if they were worried about people's wellbeing. This enabled them to take action to address them. Staff meeting minutes showed that the staff discussed any changes in people's needs. They were asked for their views how people were best supported. This showed that the service had an open culture and the views of staff were valued.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls and records. Records showed that incidents such as falls were analysed and monitored to identify any trends and actions were taken to reduce the risks of them happening again. The deputy manager and a staff member told us that the call bell system allowed them to monitor the times it took staff to answer call bells to ensure people were provided with support in a timely manner. In addition to this they used it as a tool to identify if people's needs were changing, for example if people increased their calls during the night. The deputy manager and staff told us how they regularly checked the environment to check it was safe and clean. This was also confirmed in records which showed regular checks were completed and action was taken to reduce risks to people, for example by replacing bedding.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People were not assessed appropriately in relation to their mental capacity and the appropriate best interests meetings had not been completed. Regulation 11.