

Thurlaston Meadows Care Home Limited

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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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Thurlaston Meadows is a care home providing personal care and accommodation for up to 45 older adults living with dementia, physical disability or sensory impairment. The service is a two-storey house with 16 en-suite bedrooms and 23 bedrooms sharing bathroom facilities, some of which are for double occupancy. There are three communal lounges and a dining room. At the time of our inspection visit there were 36 people receiving care.

People's experience of using this service

Improvements had been made since our last inspection, however, further improvements were required to ensure checks on quality were effective because they had not identified some environmental risks.

The registered manager had not sent us statutory notifications to notify us of restrictions placed on some people's care, as they were required to do.

Care plans were in the process of being improved because there were some gaps in assessment of risk to people's safety. People said they were involved in planning their care. People and their families understood how to complain if they wanted to.

People felt safe using the service. Staff managed the risks to people's health, safety and well-being and understood how to recognise and report abuse. However, some risks to people's safety had not been fully assessed.

People received support from staff when needed. People were supported to have enough to eat and drink to maintain their well-being. They were supported with their medicines and to obtain advice from healthcare professionals when required.

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.

People's independence was promoted wherever possible. People were encouraged to take part in activities which interested them and which improved their wellbeing.

Staff had training to meet people's needs. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults. Staff felt supported and valued by senior staff.

Rating at last inspection and update

The last rating for this service was requires improvement and there was a breach of the regulations (report published 9 February 2019). The provider completed an action plan after the last inspection to show what

they would do and by when, to improve. At this inspection the service remains rated requires improvement. Not enough improvement had not been sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will check improvements are made in accordance with the service's action plan and liaise with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Thurlaston Meadows Care Home Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

There was one inspector, one assistant inspector and one inspection manager.

Service and service type

Thurlaston Meadows Care Home 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. The service had a manager registered with the Care Quality Commission. 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

The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection

We looked at the information we held about the service. We checked records held by Companies House and sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives, about their experience of the care provided. We spoke with 14 members of staff including the registered manager, the human resources

manager, the provider, the deputy manager, two team leaders, three care assistants, the cook, a kitchen assistant, the activities coordinator, a maintenance person and a member of the housekeeping staff. We also spoke with two health care professionals about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors. We observed care and support in communal areas. 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 a range of records, including seven people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

After the inspection

We received further information from the registered manager and the provider to evidence the quality of the service and improvements made since our most recent visit.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some environmental risks had not been identified across the service. The fire risk assessment was not up to date and adequate checks had not been made to ensure the building protected people from the risk of fire. For example, fire doors had not been checked to ensure they met lawful requirements. There were missing seals on doors and gaps between two doors and their frames. During our visit we asked the provider to investigate this urgently.
- Following our visit, we received assurance from the provider adequate assessment had taken place and improvement works were being carried out. They had liaised with the local authority fire service and put temporary measures in place to ensure risks to people were minimised whilst works were carried out.
- Some identified risks had not been properly evaluated and were not up to date. For example, the risks of one person's treatment had not been fully assessed to include all aspects of their safety. This was a continued concern we identified at our last inspection. The registered manager took immediate action to ensure this person's risk management plan was reviewed and updated. Following our visit, they confirmed all care plans, including risk management plans had been updated.
- People's safety had not been affected because care staff were able to explain how they supported people to ensure any risks to their safety were minimised.

Systems and processes to safeguard people from the risk of abuse and learning lessons when things go wrong

- Prior to and during our inspection visit we had received anonymous allegations of concern about staff behaviour toward people who lived at the home. We shared this information with the registered manager and provider who had not received these concerns themselves. The registered manager took action straight away to investigate the concerns. No evidence was found to substantiate the allegations.
- The registered manager understood their role and responsibility in how to safeguard people. However, one event had not been recorded in accordance with the provider's policy. While the registered manager had taken action to reduce any risks, they had not promptly alerted the local authority and CQC. The registered manager took action straight way during our visit and notified the relevant authorities.
- People told us they received safe care. One person told us, "I feel safe when I'm hoisted."
- Staff understood people's individual circumstances and how to keep them safe from harm and had received training about the different types of abuse. A member of staff explained what action they would take if they felt someone was at risk. They said, "I would tell a senior member of staff if I suspected abuse."
- Changes to people's care were shared with staff to reduce the likelihood of further incidents reoccurring.

Using medicines safely

- The recording of medicines was not always consistent or safe to ensure staff administered medicine in line with protocols.
- Medication administration records were completed by staff when people received their medicine and were regularly checked by senior staff for any mistakes. We found administration of some medicines had not been recorded in accordance with current guidance. We discussed this with the registered manager, who told us they had identified this error and were providing staff with additional training to improve recording.
- There were no protocols in place to ensure people received their medicines when they needed them. The registered manager told us there had been protocols written and made available electronically, however these had been lost from the system. All protocols had been written again before the second day of our visit and staff were able to tell us when people needed their medicines.
- It was not clear on one person's records if advice had been sought from the pharmacy to ensure their medicines were being administered safely. Staff took action during our visit to obtain written advice from a healthcare professional and updated the person's records accordingly.
- People told us they received their medicine when they needed it.
- Only staff who had been assessed as competent supported people with their medicines.

Staffing and recruitment

- People told us and we observed there were enough staff to provide support when it was needed.
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Preventing and controlling infection

- All areas of the home were clean and tidy.
- Care staff knew about maintaining good hygiene standards. One member of staff explained how they maintained standards in the kitchen.
- There were systems to prevent and control the risk of infection. Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.

Is the service effective?

Our findings

Effective – this means 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support was not always consistent.

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.

- Where restrictions were placed on people's care, the provider had made appropriate DoLS applications to the local authority. However, where three of these had been authorised, the provider had not fulfilled their legal duty to notify the CQC. This had not impacted on people's care. Staff had followed the conditions in the authorisations and the registered manager and provider gave us their assurance this was an oversight and sent the required statutory notifications immediately following our visit.
- At our previous inspection, improvements were required to ensure best interest decisions were recorded and consent was obtained in accordance with the MCA. Improvements had been made and people's care plans identified whether they had the capacity to consent to aspects of their care. Where people were identified as lacking capacity, there was evidence they had been supported to make decisions in their best interest, which included people important to them and health professionals.
- Staff told us how they obtained people's consent and supported people to make daily decisions about their care. A member of staff told us how they obtained consent from one person who could not communicate verbally. They said, "We explain what we're going to do and ask them if they're OK with it." They explained how they observed the person's body language to gauge their reaction before supporting them.

Staff skills, knowledge and experience

- Staff had received training in basic fire safety, however, senior staff and staff who carried out fire checks on the premises had not received up to date training to do this adequately. We discussed this with the provider and registered manager who acknowledged there was a gap in their understanding and further training and guidance was obtained for staff.

- At our previous inspection some staff training was not up to date and there were gaps in staffs understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). However, staff had received training and their understanding had improved in this area.
- Staff were positive about the standard of the training which gave them the knowledge and skills to support people according to their individual needs. Staff received training tailored to meet people's individual needs, such as dementia awareness.
- A health care professional gave positive feedback about staffs skills which helped them to support people with their specific needs, such as diabetes.
- Newly recruited staff followed a formal induction programme and were required to undertake training. New staff had worked with existing and experienced staff members to gain an understanding of their role.
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they received supervision and feedback on their performance from senior staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Most of people's protected characteristics under the Equality Act 2010 had been considered in people's assessment of needs. For example, people were asked about any religious or cultural needs they had. However, improvements were required to obtain information about all the protected characteristics. We discussed this with the registered manager who assured us they would explore ways of obtaining more detailed information in future.

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

- People told us they enjoyed the food and drinks offered.
- Meal times were relaxed, and people chose where they ate according to their preferences. People received the support they needed to eat and drink at mealtimes.
- Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being. Staff explained how they encouraged some people to eat if their appetite was not good and how they offered alternatives to the menu to help maintain their nutrition.
- Where people had specific likes and dislikes, allergies and other dietary requirements, these were recorded. Staff explained they had close links with health professionals and contacted them if they had any concerns about people's nutrition and hydration needs.
- People were offered a choice of drinks and snacks during our visit. We saw staff prepared specialist drinks according to current guidance and supported people to drink safely.

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

- Where a need was identified, people were referred to other healthcare professionals such as their dentist or GP, for further advice about how risks to their health could be reduced to promote their wellbeing.
- A healthcare professional told us staff acted in a proactive way and referred any concerns to them in a timely manner.

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

- The service was adapted to meet the needs of people who were living there and there were a number of communal areas. Hallways and doorways were wide enough to allow people to use specialist equipment, such as wheel-chairs. The upper floor was accessible by a lift or stairs. There was a communal garden which was level and enabled people using wheelchairs easy access.

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; equality and diversity

- People told us they felt staff cared about them and made them feel included. People told us, "There's some lovely staff" and "Staff come and talk to me and check on me in my room" Relatives told us, "There is a high level of care and attention. People are well looked after" and "Staff are very friendly". One relative told us they felt reassured because they saw their family member was, "Always happy."
- Staff enjoyed their role in supporting people to ensure they had the best life possible. Staff told us, "It is a happy and rewarding job" and "I enjoy working here, I feel like I make a difference."
- There were caring interactions between staff and people who used the service. Staff were inclusive and involved people in what was going on around them. When people displayed signs of anxiety, staff gently reassured them until they became less anxious.
- Staff felt confident they could support people to maintain their individual beliefs and respect their diversity. They understood some people might need particular support to make them feel equally confident to express themselves.

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

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to communicate.
- People were asked about their individual preferences and these were acted on. For example, people were asked what gender of staff they preferred to assist them with their personal care routines and care was provided to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they maintained people's privacy and dignity. One member of staff told us, "I keep people's bedroom doors closed when I support them and cover people up when washing them."
- Staff explained how they encouraged people as much as possible with everyday tasks, such as dressing themselves, to help maintain their skills and their independence.

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 meet people's needs, preferences, interests and give them choice and control

- People were positive about how responsive care staff were to people's needs. A healthcare professional told us staff made prompt referrals if they had a concern and always followed their recommendations to ensure people's wellbeing was improved.
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support.
- Care plans contained personalised information and gave direction to staff that was specific to each individual. Some care plans contained gaps in their electronic recording. However, the provider was taking action to improve their electronic systems, to ensure staff had the tools they needed to support people effectively.
- Care staff were able to explain how they monitored people during each shift and shared information with other staff at handover, to ensure people's needs were met.
- People were included in the review of their care plans in ways that suited their individual needs. People's family were invited to reviews where people had consented and told us these were carried out regularly. Relatives told us care staff talked to them when their family members needs changed and said, "Staff get in touch immediately if there any concerns."

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.

- Staff supported people to understand information in a way that met their individual needs. For example, some people were supported to understand information better by using pictures. There was a large screen to show films on in the communal lounge and an electronic screen providing information and pictures about the service in the reception area.
- Staff explained how they supported one person with a sensory loss to maintain their independence. They supported the person by describing their meal and drinks to them, so they could feed themselves safely.
- The registered manager told us if people needed information in particular formats, they would ensure these were made available.

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 supported by staff in groups and on a one to one basis, to engage in daily activities. People were enthusiastic about the activities and some people enjoyed armchair exercises during our visit. A

relative told us, "There are a number of activities, we have joined in ourselves."

- People took part in a wide variety of different activities based on their individual needs and preferences. There were planned activities within the home, these included visiting entertainers, church services and local schools. Staff planned themed and seasonal activities in the home, such as cheese and wine evenings. Some activities were based in the local community, such as visiting a local coffee morning.
- The provider and the activities coordinator were committed to improving people's wellbeing. The coordinator explained they evaluated each activity, to identify if the activity had met people's needs. The provider explained they had purchased electronic devices people could use independently by voice command to help them access personalised entertainment more easily and improve their wellbeing. People told us they enjoyed using the devices.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and felt comfortable to do so.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.
- Complaints were managed in line with the providers procedure.

End of life care and support

- Care staff were trained to support people at the end of their lives, when required. The registered manager explained how care staff worked alongside other organisations to provide responsive end of life care.

Is the service well-led?

Our findings

Well-Led – this means 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and continuous learning and improving care

At our last inspection staffing changes in the management team meant the provider had failed to have robust systems in place to monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 (Good governance).

- There continued to be a lack of provider oversight around management of risk, medicine recording and notifying authorities of significant events.
- Some fire safety risks had not been identified. For example, fire risk assessments and safety checks carried out by the provider had not identified where improvements were required. The staff who carried out these checks did not have the skills or experience to do this effectively, to ensure they could identify and mitigate risk.
- Checks were not consistently effective because they had not identified some risks to people's safety we found during our inspection visit. For example, the fire alarm safety check was not robust because fire doors were not checked properly to see if they closed fully in the event of the alarm. We sought assurances about door closures in the event of a fire, and found these to be adequate
- The provider had not securely secured some medicine audits, which meant the provider could not demonstrate that learning had taken place following medicine errors.
- People's care plans were not always complete and accurate and some risks had not been fully evaluated.
- One event that called into question someone's safety, had not been notified to the local authority and CQC in a timely way by the registered manager.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- The registered manager told us they had worked hard with the provider to improve the service following our previous visit. They said they felt supported by the provider and gave us their assurance steps would be taken to improve the service in line with current legislation and best practice.
- Some improvements had been made since our previous visit. For example, people's care plans now reflected a full assessment of their capacity where required and best interest decisions were recorded.

- There were quality assurance checks in place which had identified areas for improvement. For example, care plan audits had identified where actions were required to ensure care plans were accurate and staff were in the process of updating care plans.

How the provider understands and acts on their 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 their responsibilities under the new general data protection regulations.
- The registered manager understood their obligations for reporting important events or incidents to relevant agencies, including the CQC. However, they had not sent us statutory notifications to advise us of the outcomes of three renewal applications to restrict people's liberty, although they had made appropriate applications to the relevant authorities. We were assured this was an oversight and had not impacted on people's care.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People were positive about the leadership of the service and told us the registered manager and the deputy were approachable and the staff were friendly.
- Staff told us communication was good within the service and they were encouraged to suggest improvements and share information during staff meetings. They felt confident to raise any concerns they had to senior staff. A member of staff told us, "Senior management are open with us."
- Staff explained they shared information about people's changing needs during daily shift handovers.
- Care staff explained they felt supported and valued by senior staff. The provider organised staff appreciation days as a thank you to staff for their hard work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- People told us they were encouraged to share their experiences of the service by completing surveys and attending meetings. The most recent survey, where people who used the service had been asked for their views of the service, was being collated. Ten responses had been received which were mainly positive. There had been one negative response about how complaints were dealt with, however, the registered manager explained they had not been able to follow this up directly because the survey was anonymous. They planned to analyse the responses for ways to improve the service and would share the information with people.
- Senior staff shared best practice with staff to help improve the service. They met with local authority commissioners and community healthcare professionals to obtain updates and share new ideas to improve people's experience of care.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that systems or processes operated effectively to assess, monitor and improve the quality of the service and mitigate the risks relating to health, safety and welfare of service users. The provider had not maintained accurate and complete records in respect of each service user.</p>