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Thornfield Care Home - Lymington

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

Overall summary

Thornfield Care Home is registered to provide accommodation and support for up to 17 older people who may also be living with dementia. This home is not registered to provide nursing care.

On the day of our visit 17 people were living at the home. The home has nine single and four double occupancy rooms. The home is situated within walking distance of local facilities in the town centre and surrounding area.

The home has one large living room / dining area and kitchen. There is a stair lift to the first floor. The home has a well maintained garden and a patio area that people are actively encouraged to use.

The inspection on 13 April 2015 was unannounced.

There was a registered manager at the home. 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 and associated Regulations about how the service is run.

Staff understood the needs of the people and care was provided with kindness and compassion. People, relatives and health care professionals told us they were very happy with the care and described the service as excellent. A visiting GP told us, "I have the utmost confidence that staff provide excellent care. I have no concerns at all regarding anyone living there. The home always contact us if they are unsure or need advice".

People were supported to take part in activities they had chosen. One person said, "I love living here. The staff are very kind and look after all of us very well".

Staff were appropriately trained and skilled to ensure the care delivered to people was safe and effective. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities.

The registered manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs. Each person and every relative told us they were asked for feedback and encouraged to voice their opinions about the quality of care provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Three people living at the home were currently subject to a DoLS. The manager understood when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff talked to people in a friendly and respectful manner. People told us staff had developed good relationships with them and were attentive to their individual needs.

Staff respected people's privacy and dignity at all times and interacted with people in a caring and professional manner.

People told us they felt staff were always kind and respectful to them. Staff told us they were encouraged to raise any concerns about possible abuse. One member of staff said, "We talk about abuse all the time. How to recognise it and what to do if we thought someone was being abused. I know if we have concerns we can speak to the manager and she would report it".

People and relatives knew how to make a complaint if they needed to. The complaints procedure was displayed in the home. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC).

The home routinely listened and learned from people and visitor experiences through annual resident/ relatives' survey. The surveys gained the views of people living at the home, their relatives and visiting health and social care professionals and were used to monitor and where necessary improve the service.

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?

Good

The service was safe. Staff understood their responsibility to safeguard people from possible harm and report any potential abuse they may witness or become aware of.

The registered manager followed safe recruitment procedures which ensured staff who worked with people were checked and did not pose a potential risk to them.

People's medication was handled safely.

Is the service effective?

Good

The service was effective. Staff had received training which helped them support the people who used the service which was updated regularly.

People were provided with a variety of wholesome meals and people's nutritional needs were monitored to ensure they were not placed at risk.

People were supported to make informed choices and decisions about their lives.

Is the service caring?

Good

The service was caring. Staff engaged with people sensitively to ensure their privacy and personal dignity was respected.

People's right to make choices about their lives was respected.

Staff had positive relationships with people and understood their needs.

Is the service responsive?

Good

The service was responsive. A variety of opportunities were available for people to engage in meaningful social activities and follow their interests.

People's care plans contained information about their preferences and staff respected these. Health care professionals were involved in people's care and treatment and staff made appropriate referrals when required.

People were able to make complaints and have these investigated and resolved, wherever possible.

Is the service well-led?

Good

The service was well led. People and their relatives were consulted and involved in decisions about how the service was run.

Staff felt valued and supported by the registered manager and the provider.

Regular management checks were carried out to assess the quality of the service people received and identify where any changes were needed.

Thornfield Care Home - Lymington

Detailed findings

Background to this inspection

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

This inspection took place on 13 April 2015 and was unannounced.

The inspection was conducted by two inspectors. Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection.

During our visit we spoke with the registered manager, three care staff, the chef, six people using the service and four relatives. Following our visit, we telephoned a GP and two health care professionals to discuss their experiences of the care provided to people.

We pathway tracked three care plans for people using the service. This is when we follow a person's route through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We also looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives and the homes internal quality assurance audit which was dated September 2014.

We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 29 August 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. One person told us, "The girls look after us all very well. I only came here to try it out but liked it so much I decided to stay". A relative told us their member of family was, "Safe here, they know how to look after and care for people and keep them safe". Another visiting relative told us they felt the home provided a 'safe environment in which to live'.

Policies and procedures were available to guide staff about the protection of adults who may be at risk of abuse. Guidance was aligned with the local authority's guidance for reporting potential concerns or possible abuse. Staff were provided with regular training about safeguarding adults who may be at risk, to ensure they were familiar with their roles and responsibilities for reporting potential abuse.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

The registered manager had acted promptly following an allegation that had recently been made and taken appropriate action. The registered manager had notified both the Care Quality Commission (CQC) and the Local Authority when required, to enable potential safeguarding concerns to be investigated. The local authority informed us before our inspection visit the service had co-operated with them well and resolved issues when needed, to ensure people were protected from avoidable harm.

Recruitment practice was robust. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Staff monitored the behaviours of people who may challenge the service. They acted promptly when this was required with sensitivity, reassurance and support. This ensured people's wellbeing was safety managed. We saw staff engaging positively with people and involving them in day to day decisions and choices, to ensure their wishes and feelings were respected and their human rights were promoted. There was evidence in people's care files of assessments about known risks to them, together with guidance for staff on how these were managed to ensure people were kept safe from harm.

Staffing levels were assessed according to the individual needs and dependencies of the people to ensure there were sufficient numbers of staff available and deployed to areas and at times of greatest need. Staff told us staffing levels were overall good. One member of staff added, "Staffing levels are ok", "If two staff are needed then it is always two staff – so it's safe".

People and their relatives told us they felt medication was managed well by the staff and provided at regular times and when it was required. One person told us, "They bring my tablets when it's time" whilst another said, "I take five or six tablets four times a day – the girl brings them and I take them". A visiting relative told us, "Medication is handled very well. My Mum has complained far less about pain since being here, they have managed to reduce pain control medicine and she is doing well".

We observed a member of staff administering medication to people and saw this was carried out sensitively and with patience, involving the carer sitting down next to people and encouraging them to take their medicines and ensuring these were swallowed before moving on.

Staff responsible for administering medication were provided with training that was renewed on a regular basis to ensure they were able to safely perform the role. Regular audits of medication, staff competency and skills were undertaken by the registered manager. Medication was securely stored and accurate records were kept for medicines given to people that corresponded with a random check we made of the medication stocks in the home.

The building was well maintained and regularly checks made of equipment to ensure they were safe for people to use. A relative told us they visited regularly and that the

Good

Is the service safe?

home was, “Pretty well run, clean and looked inviting”. We found a contingency plan was available for use in emergency situations and that fire training was provided to staff and fire drills took place as required.

Good

Is the service effective?

Our findings

People told us they felt the staff were competent in their role. One person told us, "Staff are very good at their work". Another person said, "I know they are taught how to care for us, and they do this well". A further person commented, "The staff all know what they are doing". One person's relative told us they were, "Confident the staff had the skills they needed to care for their people".

The provider had systems in place to ensure staff received regular training and could achieve recognised qualifications and were supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. Our observations showed that the training provided to staff ensured that they were able to deliver care and support to people to an appropriate standard. For example, staff were seen to interact with people in a caring and respectful manner because they understood issues relating to dignity and we saw staff supported people to move around the home in appropriate and safe ways.

Staff were provided with regular one to one supervision meetings as well as staff meetings. Staff told us that in staff, or, supervision meetings they could bring up any concerns they may have. Staff and supervision records, confirmed staff were able to discuss any concerns they had regarding people living at the home. One member of staff said, "We have regular formal meetings with the registered manager but her door is always open if we have a need to discuss anything". A second member of staff said, "I enjoy the staff meetings it's a good place to share our views but also any concerns".

People told us that staff sought their consent and acted in accordance with their wishes. One person told us that they needed some assistance with their personal care and staff asked for their consent before, 'Doing anything'. Another person said that staff never 'took over their lives'. They added "They always ask me before doing anything....they never assume".

People's mental capacity had been assessed and taken into consideration when planning their care needs. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included do not attempt cardio pulmonary resuscitation (DNACPR) forms, and showed that relevant people, such as social and health care professionals and people's relatives had been involved. One member of staff said, "We would need to hold a best interest meeting if a person did not have capacity to make a decision that could put them at risk".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Three people living at the home were currently subject to DoLS. The registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Whilst most people were able to chat about their daily lives, some people were not able to understand and make decisions about their care and support. The registered manager and staff said where necessary they would liaise with people's relatives, where appropriate, and health and social care professionals should people's needs change, so that appropriate care and support was provided. Staff were sensitive to people's needs and offered reassurance and encouragement where necessary.

People told us that they were provided with choices of food and drink and they had a varied choice. One person told us, "There is always a good choice of at least two options for both mains and pudding. It is always very nice". Another person said that their meals arrived, "Nice and hot". Another said the chef made them, "Very tasty and tempting meals". A relative told us that their relative always enjoyed the food. The menu for the day was displayed in the home and people confirmed that they made their choices from the menu. However, if they wanted something different this was provided.

The chef was knowledgeable about people's specific dietary and diverse needs. Our observations and records we looked at confirmed what people had told us and showed that people were supported to eat, drink and maintain a balanced diet. At the lunchtime meal, once

Good

Is the service effective?

everyone had been served their meal staff sat with people and offered support where required. People were encouraged to eat and drink and staff interacted with people, chatting and sharing jokes. This made the meal time feel a relaxed social event. People were supported to have sufficient drinks to minimise the risks of dehydration.

There was a plentiful supply of water and fruit juices in all communal areas of the home and in people's rooms. Throughout the day staff replenished these as and when required. One person we spoke with said, "There are always lots to drink and we also get tea and coffee several times during the day. Sometimes when I cant sleep at night I ask for a cup of tea. The girls are really lovely and go off and make me one".

People told us that they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us that when they had recently felt unwell, the doctor had visited the same day, "They take care of all that side of things for you. One person's relative said that if their relative was unwell the staff were, "Very quick to call the doctor and also kept them very well informed".

A GP told us the provider and staff at the home made appropriate and timely referrals to ensure that people's health needs were met. They said they had no concerns about the care and support provided to people. People's care records confirmed this. People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Good

Is the service caring?

Our findings

People told us the staff were very caring. A relative told us, "The whole atmosphere is very kind and friendly". One person told us, "The home is very nice, it feels as if this is my home". A visitor told us, "I chose this place because it is physically like home, a family home." Another visitor commented, "I am really pleased with the way they look after her (their wife)….she's always telling me they look after her well" and another commented "We have nothing to say wrong about this place - Girls are always nice". They went on to say "I've seen the staff with other people and I think they are marvellous – it can't be easy." A visiting health care professional had commented in February 2015, "The staff are always friendly and willing to assist. The standard of care provided is outstanding and the environment is cheerful and happy".

Staff demonstrated a positive regard for what mattered and was important to people and treated them with compassion and kindness. Staff were attentive to the differing needs of people and we observed them providing support sensitively to ensure people's wishes and feelings were met. We saw a member of the care staff provided reassurance and comfort to a person who was obviously distressed and this was carried out in a caring and friendly way.

Staff responded positively with people in a respectful manner. We observed a member of the care staff get down to the eye level of a person who was confused and trying to drink from an empty beaker and assisted them in a supportive way. This demonstrated staff showed concern for meaningfully promoting people's wellbeing, and promptly responding to relieve their distress or discomfort.

People told us they could make everyday choices. One person told us, "I do what I want really. If I want to watch TV in the lounge I can or I can watch it in my room". A second person said, "The garden is a nice place to go and sit. I like going out there to be on my own it's a very peaceful place. It's so nice when my grandchildren come. I can watch them play and it makes me so happy".

Care records contained information about what was important to each person living the home. Each care planned include a 'This is me' section, which detailed people's likes, dislikes and preferences. There was a section on people's life history which detailed previous employment, religious beliefs and important events. Staff explained information was used to support them to have a better understanding of the people they were supporting and to engage people in conversation. People's preferences on how they wished to receive their daily care and support were recorded. One person explained that they did not feel they needed help with dressing or personal care but needed someone to be with them 'just in case'. We saw that this was clearly documented in their care plan for staff to follow. In other care plans we reviewed and in our conversations with people we found that people's documented preferences were consistently met.

Relatives told us they were encouraged and able to freely visit and participate in the life of the home. One relative told us "I can come anytime I like and they told me I can stay for dinner if I like, I haven't yet though". Another visitor said "We get tea and biscuits when we come, it's open visiting". We observed several visitors being asked by staff if they wanted drinks or biscuits on their arrival.

Staff told us that people's wishes for privacy were upheld and observed that information about people was securely kept in the office to ensure their confidentiality was maintained. People were able to spend time in their own rooms and observed people's personal choices about their support was positively promoted, such as decisions about times to get up or go to bed. A member of staff said, "Of course people can get up when they like, it's their home".

Good

Is the service responsive?

Our findings

People told us they could talk to staff or the registered manager at any time if they had any worries or concerns about their care. One person told us, "The staff are really good at listening to me and always ask me how I am.....several times a day". A GP said, "We are contacted by the home in a timely way for advice and guidance and it works very well". A relative told us, "When I ring the home to see how my wife is, they answer the phone very quickly…..that's important to me".

Staff explained some people were able to tell them if something was upsetting them, and they would try and resolve things for the person straight away. If they could not do so, they would report it to the registered manager. Staff said that some people could not verbalise their concerns and that changes in their mood and / or body language would identify to them that something was not right and needed to be investigated further.

People told us staff were responsive to their needs. One person told us, "I am really happy here, nothing is too much trouble. They are always cheerful". Another person told us, "I am fairly independent but if I do need extra help I only have to ask". People said the staff were really flexible in the way they changed things to meet what they wanted. For example one person said, "Some days I like to get up a little later and have breakfast in my room. The staff are really good and go and get my breakfast for me. It's never a problem".

People's needs were assessed before they moved into the home so that a decision could be made about how their individual needs could be met. These assessments formed the basis of each person's plan of care. Care plans contained detailed information and clear directions of all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, communication, well-being, continence, skin care, eating and drinking, health, medication and activities that they enjoyed. Care plans were relevant and up to date. Each care plan demonstrated a clear commitment to promoting, as far as possible, each person's independence.

People's needs were evaluated, monitored and reviewed each month. Each care plan was centred on people's personal preferences, individual needs and choices. Staff were given clear guidance on how to care for each person as they wished and how to provide the appropriate level of support. Daily reports and monitoring sheets were completed so that any changes in need could be monitored. A staff handover also took place at each shift change so everyone was made aware of any change in care and support people needed.

Activities were arranged in the afternoon. On the day of our inspection it was board games and bingo. The registered manager told us they didn't plan activities in advance as people's needs changed however all activities undertaken were recorded after each event. For example, we saw that some people enjoyed playing dominoes, watching TV, walking in the gardens, doing crosswords and some enjoyed time on their own in their rooms. Another person with an interest in gardening liked to spend time in the garden with the gardener tending to the flower beds. For those people who preferred to spend time in their rooms staff were seen to visit them regularly and prompted them to join in the homes activities if they wished to do so. The home had purchased two tablet computers and people were using these to watch films or play games.
One member of staff told us, "These are great to have, we are hoping to get some more. People can watch something other than television or play games of their choice. It really does open up a whole new world and most of the people love using them".

The complaints procedure was displayed on the notice board in the home. A complaints procedure for visitors and relatives was displayed also. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC). The complaints log showed that there had not been any complaints about the home during the last year. Relatives told us they were aware of the complaints procedure but said informal conversations with management usually resolve any issues they felt they had.

Annual quality assurance questionnaires had been sent to relevant people to gather their views and opinions about the quality of the service. People told us that they felt that the quality of the service was good. One person said, "I know that they send a questionnaire to my relative and they ask me if I think the service is good. I always say that I think it is the best." A health care professional responded

Good

Is the service responsive?

by saying they would be “very likely” at recommending the home to friends and relatives, were “very satisfied” at the information contained in care plans and “very satisfied” that the staff treat people with dignity and respect at all times”.

Good

Is the service well-led?

Our findings

Staff were complimentary about the management team. They said that they had received regular supervision and that they attended regular staff meetings. They told us that they felt listened to and that their ideas and suggestions discussed at team meetings were acted upon. One staff member said, "I get on well with the management team and feel that I can speak to them if I have any problems." Another staff member said, "The training is good and it is on-going. I enjoy working here and think that the home is well led."

The service learnt from its quality assurance system and implemented improvements. We saw that the service had carried out a range of audits that included medication, health and safety, care plans, incidents and accidents and complaints. The registered manager told us that the audits helped to identify the need for improvement. They said that lessons had been learned and that improvements would continue to be made as a result of their audits. The registered manager carried out regular monthly audits on the quality of the service.

Regular meetings had been held for people and their relatives. The main subjects discussed were activities and menus. People told us that they were asked for their views and opinions about their care and the service on a daily basis. One person said, "Staff are always asking me about what I would like to do and eat and how I want my care to be provided. They are very good at listening and they make sure that I get the service I want."

Information received from the local authority commissioning team prior to this inspection confirmed that there were no concerns about how the home was being managed.

During our inspection we observed people experienced a positive relationship with the management team. We saw the registered manager and the provider chatting with people in the lounge. Throughout the day when people were present in the home they were engaged in meaningful or recreational activities of their choice.

Staff told us they enjoyed working at the home. They said they were treated fairly and felt supported by the management team and their colleagues. One member of staff said, "The people and the staff team are great." Comments from other members of staff included, "The management are really good." and "We don't have a high turnover of staff here." We were told that most of the staff team had worked at the home for more than five years.

The management team had an 'open door' policy which provided the opportunity for people who used the service and members of staff to discuss any issues with them at any reasonable time. Discussion with members of staff confirmed that policies and procedures for reporting poor practice, known as 'whistleblowing' were in place. Staff said they would not hesitate to report any concerns about the practice of their colleagues and were confident that these concerns would be acted upon immediately.

Meetings for the staff team were held regularly. At these meetings issues relating to care planning and the needs of people, various policies and procedures such as infection control, fire safety and property maintenance were discussed. Minutes of meetings held in January and March 2015 indicated that topics about 'equality, diversity, inclusion in dementia care practice and person centred care were discussed as part of the on-going training. Regular meetings helped to ensure that the staff team were informed of any policy changes and that they were actively involved in any on-going training.

Staff handover meetings had recently been introduced at the beginning of each shift and staff told us this was a valuable part of their daily role in ensuring continuity of care took place at the. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

Systems were in place for the registered manager to monitor the quality and safety of the care provided. We saw that audits of the service provided were completed regularly by the registered manager. These audits included care planning, medication, infection control, the environment and health and safety. There were also records to demonstrate that fire safety equipment was tested and serviced regularly. This should ensure that in the event of a fire emergency lighting, fire alarms and fire extinguishers were in full working order.