

Mr Alan Hannon

Threen House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 2 and 3 February 2015. The visit on 2 February was unannounced and we told the provider we would return on 3 February to complete the inspection.

At our last inspection on 21 July 2014, we found the provider failed to ensure that staff had opportunities to discuss their performance and identify learning and development needs through supervision and appraisal. This was a breach of Regulation 23 HSCA 2008 (Regulated

Activities) Regulations 2010. At this inspection, we found the provider and registered manager had addressed the concerns we identified and staff were receiving the support they needed through supervision and appraisal.

Threen House Nursing Home is a registered care home for people who require nursing or personal care. The home can accommodate up to 26 older people. At the time of

Summary of findings

this inspection, 19 people were living in the home. Some people using the service had general nursing needs, others were living with dementia and some were receiving end of life care.

The home had a registered manager who had worked at the home for 20 years. 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.

The provider had not completed checks on people employed in the home to make sure they were suitable to work with people using the service. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Staff supported people in a caring and professional way, respecting their privacy and dignity.

Care records clearly reflected people's health and social care needs and staff regularly reviewed each person's

care and support. The registered manager, senior staff, nurses and care staff communicated effectively to make sure all staff were up to date with each person's care and support needs.

Staff had the training they needed to care for people. Nurses and care staff were able to tell us about people's individual needs and how they met these in the home.

Staff understood and followed the provider's safeguarding and whistleblowing procedures. They also understood the importance of reporting any concerns about the welfare of people using the service.

People and their relatives told us they knew about the provider's complaints procedure. They were confident the provider and the registered manager would respond to any concerns they might have.

People consistently received their medicines safely and as prescribed.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The provider and registered manager followed effective systems to monitor the quality of 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?

Some aspects of the service were not safe.

The provider did not follow staff recruitment procedures and did not fully complete checks on new staff. The provider had not updated the home's safeguarding adults policy and procedures since 2010.

The provider assessed risks to people using the service and others and staff had access to guidance on managing identified risks.

People using the service told us they felt safe in the home and with the staff.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective.

The registered manager and staff had not always completed assessments of people's capacity to make decisions about their care.

Staff received the training and support they needed to work with people using the service.

People told us they enjoyed the food provided in the home. People had a positive experience at meal times.

Requires Improvement



Is the service caring?

The service was caring.

There were positive caring relationships between people who used the service and staff.

People's care plans included information about their needs in respect of their gender, religion and culture.

Good



Is the service responsive?

The service was responsive.

People were involved in developing and reviewing their care plans.

There were systems to gather the views of people using the service and others.

The provider had arrangements in place to enable people to raise concerns or complaints.

Good



Is the service well-led?

The service was well led.

The service had a registered manager who held a relevant professional qualification.

Good



Summary of findings

Staff worked as a team to meet the care and treatment needs of people using the service.

The registered manager and provider carried out a range of checks and audits to monitor the service.

Threen House Nursing Home

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 2 and 3 February 2015. The visit on 2 February was unannounced and we told the provider we would return on 3 February to complete the inspection.

The inspection team comprised one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had cared for relatives living with dementia.

Before the inspection, we reviewed the information we held about the service, including the last inspection report and notifications the provider sent us regarding significant incidents in the home.

During the inspection, we spoke with seven people using the service and one visitor. We also spoke with the provider, the registered manager, a nurse, four care staff and the cook. We also looked at the provider's policies and procedures, the care records for four people using the service, four staff records, the home's complaints records and other records relating to the management of the home, including staff training records and audits carried out by the provider and the registered manager.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us.

Following the inspection, we spoke with three relatives of people using the service and two health care professionals from the local palliative care team and dementia care service.

Is the service safe?

Our findings

People using the service may have been at risk of unsafe care. The provider had systems in place to make sure staff were suitable to work with people using the service, but these were not always followed. Staff recruitment files included application forms, references, proof of identity and criminal records checks. However, some of the staff records we looked at did not include a full employment history and there was no evidence the provider had investigated the missing information before appointing staff.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People using the service told us they felt safe in the home and with the staff. One person said, “I know I’m safe here, they look after me well.” A relative said, “We’re very pleased with the service, my [relative] is perfectly safe.” Another relative said, “I never had any concerns for my [relative’s] safety.”

The provider had systems in place to protect people using the service but had not reviewed or updated the policy or procedures and both included information that was out of date. We saw the provider had last reviewed and updated their safeguarding adults policy and procedures in October 2010. The procedures included guidance for staff on identifying possible abuse and reporting any concerns they had.

The manager told us all staff completed safeguarding adults training as part of their induction training. Staff told us they had completed the training and the training records confirmed this.

The nursing and care staff told us they would act if they thought someone was abusing a person using the service. One staff member said, “We would all tell someone if we thought there was abuse happening. Myself, I would tell the nurse-in-charge or the manager.” A second staff member told us, “We have all had safeguarding training. We know we must speak up if we think there is any abuse.”

The provider assessed risks to people using the service and others and staff had access to guidance on managing identified risks. We saw people’s care plans included risk assessments and guidance for staff on how to reduce risks to individuals. Risk assessments covered falls, mobility,

nutrition and pressure care. Staff reviewed the risk assessments each month. Where reviews identified the need to make changes, we saw the registered manager and staff took appropriate actions to make sure people received safe and appropriate care. For example, staff reviewed and updated one person’s nutritional risk assessment and reviewed guidance to improve the recording of what the person ate and drank.

The provider ensured there were enough staff to meet people’s needs. People said that there were enough carers. One person said, “There’s always plenty of staff around.” A relative told us, “There are always enough staff, people get a lot of attention.”

Comments from nursing and care staff included, “We’re always busy, but we work well together.” A second member of staff said, “The staff are good and we generally work well as a team.”

During the inspection, there were enough staff to provide people with the care and support they needed. People did not have to wait for care and support.

The provider kept records of safety checks of the home’s hot water and fire safety systems and service records for hoists, assisted baths, the passenger lift and portable electrical equipment. All of the checks and service records were up to date.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed. We observed staff supporting people to take their medicines and qualified nursing staff did this safely. We saw that staff took time to administer medicines to people in a caring manner without rushing. Where one person needed their medicines administered covertly, the registered manager had considered all other possible options and discussed with the person’s family before the GP agreed tablets could be given in the person’s food.

There was an effective ordering system for medicines, to ensure that medicines were always available for people. The provider kept up-to-date and fully completed records of medicines received, administered and disposed of, as well as a clear record when people had allergies to medicines. These records provided evidence that people were consistently receiving their medicines as prescribed. All medicines, including controlled drugs were stored securely and nursing staff kept accurate records.

Is the service effective?

Our findings

People told us they were well cared for by staff who understood their needs. One person commented, “I’m happy enough here, the staff do a good job.” A relative told us, “My [relative] was very well cared for. The care was very, very good. My [relative] was very happy.”

Staff received the training and support they needed to work with people using the service. At our last inspection in July 2014, we found the provider and registered manager had not ensured staff received supervision and an annual appraisal. The provider sent us an action plan and we found they had taken action to address our concerns.

Most of the nursing and care staff had received formal supervision with a senior member of staff who recorded the details of issues discussed at each meeting. Most of the care staff had received an annual appraisal in 2014. We discussed progress with the registered manager and provider and they told us they had arranged supervision and appraisal dates for all staff working in the home. Staff told us they met regularly with a senior member of staff to talk about their work, training and development needs. The staff records we reviewed included details of individual supervision sessions and showed each person had met with a senior member of staff within the last four months. The files also included details of an annual appraisal of each member of staff’s performance in 2014.

Training records showed all staff were up to date with training the provider considered mandatory. This included safeguarding adults, fire safety, medicines management and food safety. Staff told us they felt well trained to do their jobs. One member of staff said, “I’ve done a lot of training. A lot of it is on DVD’s but the senior staff are available for advice if I don’t understand something.” A second staff member told us, “The training is very good. I’d done some of it before but it has helped me to repeat some of it.”

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

We spoke with the registered manager who understood her responsibility for making sure staff considered the least

restrictive options when supporting people and ensured people’s liberty was not unduly restricted. However, the registered manager was not fully aware of recent case law affecting people living in care homes. We saw examples of people who staff had assessed as needing bed rails and the front door of the home was kept locked to prevent people leaving without staff support. In these cases, the provider must apply to the local authority for authorisation to use these forms of restraint and the provider had not done this.

Some people using the service were able to make their own decisions. In some instances where people were not able to make decisions, the provider acted within the law to make decisions in people’s best interests. Care records showed the provider had arranged meetings with relatives and other people involved in some people’s care to agree decisions in the person’s best interests, a requirement of the Mental Capacity Act 2005. However, in other cases, the registered manager had not ensured staff completed assessments of people’s capacity to make decisions about their care. This may have placed people at risk of receiving care or treatment that was not in their best interests.

People told us they enjoyed the food and drinks provided in the service. One person said, “The food’s usually pretty good.” A second person told us, “I can choose what I want to eat and if I don’t want what’s offered, the cook will get me something else.” Staff reminded people before lunchtime of the choices available and gave people time to make a decision about what they wanted to eat.

A visitor told us, “The food is very good, the cook is always around, asking people for their views and checking they are enjoying the food.”

The provider arranged for and supported people to access the healthcare services they needed. People’s care plans included details of their health care needs and details of how staff met these in the service. Staff told us they supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments. Care records confirmed this.

Care plans included consideration of people’s end of life care needs and we saw staff had discussed these with the person and their family. Where people had said they did not want to be resuscitated, we saw Do Not Attempt Resuscitation (DNAR) forms had been completed with details of discussions with family members and signed by the GP.

Is the service effective?

We spoke with a healthcare professional who told us they had no concerns about the care provided in the home.

Is the service caring?

Our findings

There were positive, caring relationships between people who used the service and staff. One person said, “The carers treat me with respect and have a caring attitude.” A second person said, “The staff are very good, they do care.” A relative told us, “We have never had any complaints, the care is admirable.” A health care professional who visited the home told us, “People are referred to our service appropriately and the provider and staff are very caring and positive people.” A second health care professional said, “People are treated with care, love and attention.” One staff member said, “It’s important to give people the best care we can. We try and care for people as if they’re our own family members.”

The provider knew all of the people using the service and their backgrounds and they all responded in a positive manner and with a great deal of affection.

People told us their privacy was respected and staff did not disturb them if they didn’t want to be. We saw staff knocked on bedroom doors and waited to be invited in before entering the room. When staff supported people with their personal care in their rooms, they made sure they closed the door to maintain people’s privacy and dignity. We also saw staff supported one person in a caring and sensitive way when they needed to use the bathroom during the lunchtime.

People or their relatives had signed most of the care plans we saw to show they were in agreement with it. People’s care plans included information about their needs in respect of their gender, religion and culture. For example, each person’s religion was recorded, with information about how staff should support them in this area.

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them. The managers, nurses and care staff we spoke with knew people’s care needs very well. They were able to tell us about significant events and people in each person’s life and their individual daily routines and preferences.

People using the service chose where to spend their time. Staff told us some people chose to spend time in their rooms, while others went to the main lounge to spend time with other people. In the lounge we saw people were engaged in conversation with each other, as well as care staff and the registered manager and provider.

One person told us they were able to choose the clothes they wore each day and what they ate at mealtimes. We saw staff offered people choices about their daily routines and what to eat. Staff made sure people understood what they were being offered and gave people time to make a decision.

We observed good care in the day room, where the carers who were talking to people either sat or squatted down and made eye contact, held a hand or arm and got good responses from each person. In the dining room at lunchtime, staff made sure people had the time they needed to make choices about what they ate. Where people needed assistance with eating, this was done in a respectful and caring way. People were not rushed and staff spoke with people while they helped them.

Is the service responsive?

Our findings

Where possible, people were involved in making decisions about the care and support they received. One person told us, “The staff encourage me to make my own decisions. They talk to me and my [relative] about the care I need.”

People were involved in developing and reviewing their care plans. The provider assessed each person’s social and health care needs and provided the care and treatment they needed. A visitor told us, “My [relative] can speak up, but the family were involved as well.”

There were systems to gather the views of people using the service and others. The provider told us they had completed a customer satisfaction survey in May 2014. The provider sent surveys to the relatives of people using the service and health and social care professionals involved in people’s care. The responses were largely positive and relatives and professionals had made a number of suggestions to improve the service. The provider told us they had taken action to address some of the issues raised. For example, the provider had reminded staff to monitor room temperatures and ensure they offered people choices at meal times.

During the inspection staff spent time with some people, talking with them and reading the newspaper. Other people spent time watching a film they had chosen. The provider told us the home did not have an activities co-ordinator but they expected staff to spend time

supporting people with activities. Staff told us they were able to spend time with individuals and were able to tell us about significant people and events in their lives. The provider also told us the home had a Friends group, managed by relatives of people using the service. The group raised funds for the home and arranged a series of activities and outings throughout the year. Photos of parties and outings held in 2014 were displayed around the home.

The provider had arrangements in place to enable people to raise concerns or complaints. People using the service and their relatives told us they knew how to raise concerns. One person said, “I’d talk to [the provider] or [the registered manager] if I had any complaints. A relative told us, “My [relative] never uttered a word of criticism, she was very happy there.”

The provider displayed information about the complaints procedure in the service. Staff told us they dealt with any complaints from people or their visitors before they felt they needed to make a formal complaint. One member of staff said, “There are sometimes small complaints but we try and sort them out as soon as we’re told.” A second member of staff told us, “I will support people if they have a complaint and I am sure the [provider] or [registered manager] would investigate if they needed to.”

The provider and registered manager confirmed there had been no recorded complaints since our last inspection.

Is the service well-led?

Our findings

The service had a registered manager who held a relevant professional qualification. The Care Quality Commission registered the manager in February 2011.

People using the service told us they knew who the manager was and said they would speak with them if they were worried about the care and support they received. One person told us, “The manager is very easy to talk to.”

Members of staff told us the manager was supportive. One member of staff told us, “The manager is very experienced, if I want to know something, I ask her.” A second member of staff said, “I can speak with the manager at any time if there’s something I need, she is very supportive.”

Staff worked as a team to meet the care and treatment needs of people using the service. We saw examples of good team work where staff supported each other to make sure people using the service received the care they needed. One member of staff said, “I feel we all work well as a team. If I have finished my work I will help on another floor and I know everyone does the same.”

The provider described the aim of the home as, “To provide a professional and efficient service to meet everyone’s needs and to achieve satisfactory outcomes for each person.”

The registered manager and provider carried out a range of checks and audits to monitor the service. The registered manager told us she carried out regular audits that covered the physical environment, medicines management, people’s care plans, complaints and risk management.

Throughout the inspection, the atmosphere in the home was open, welcoming and inclusive. Staff spoke with people in a kind and friendly way and we saw many positive interactions between staff and people who used the service. All the staff we spoke with told us that they enjoyed working in the home. One staff member said, “I’ve worked here a long time, I love it, if I didn’t I’d go and work somewhere else.” A second staff member said, “It’s a lovely place to work, we’re well supported by [the provider] and [the registered manager].”

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	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>Service users may have been at risk of unsafe care because the registered person did not operate effective recruitment procedures in order to ensure no person is employed unless they are of good character and have the qualifications, skills and experience necessary.</p> <p>Regulation 21 (a) (i) and (ii).</p>