

# Barchester Healthcare Homes Limited

# Threshfield Court

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Threshfield Court is a residential care home providing personal and nursing care to 49 people aged 65 and over at the time of the inspection. The care home can accommodate up to 61 people across three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

### People's experience of using this service and what we found

The leadership of the service promoted high-quality, person-centred care. Everyone we spoke with told us the service was exceptionally well-led and spoke highly of staff at all levels. Staff were extremely well-skilled and applied best practice in a way that achieved the very best outcomes for people. Care and support was informed by the most current, evidence-based techniques. People had access to new technology which enhanced their quality of life.

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 were kept safe from risk of abuse and avoidable harm. They were supported by enough, competent and skilled staff. Medicines were safely managed and administered as prescribed.

Staff were kind and cared for people as individuals. They supported people to maintain their independence and gave people the information they needed to make informed decisions about their care and support.

Staff knew people well and cared for them in a way they preferred. People were supported to maintain their interests and to pursue hobbies.

Staff were exceptionally well-skilled in supporting people to have a comfortable, dignified and pain-free death.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 3 November 2015). There was also an inspection on 5 December 2017 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Threshfield Court

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by 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.

#### Service and service type

Threshfield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, regional manager, assistant manager, team leader, senior care worker, care workers and the chef. We also spoke with two professionals who regularly visit the service.

We reviewed a range of records. This included two people's care records and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at one person's care records, risk assessments and further records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the inspection on 3 November 2015 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from risk of abuse and ill-treatment.
- The service had effective safeguarding systems in place and concerns were responded to without delay.
- Staff had a thorough understanding of abuse and how to report any concerns. People told us they felt safe in the care of staff. Comments included, "I feel very safe here" and "I have never felt vulnerable I am safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were kept safe from avoidable harm.
- Staff were aware of risks to people's wellbeing and how to manage them.
- Managers shared information about risks consistently and reliably. Control measures were proportionate so that people felt safe but also gave people the most freedom possible.
- The registered manager approached matters of safety in an open and transparent way. There was a clear process for staff to follow to report incidents and investigations were appropriate and thorough. Lessons learned were communicated widely to support improvement.

Staffing and recruitment

- There was enough competent staff on duty to keep people safe.
- Staff responded to people's needs without delay. One person told us, "I am never kept waiting."
- Recruitment systems were robust and proper employment checks were carried out as standard practice.

Using medicines safely

- Staff administered medicines safely and as prescribed. One person told us, "They make sure there is a drink left for me to take it with and they have discussed my medication with me."
- Medicines were stored correctly and disposed of safely.

Preventing and controlling infection

- Staff maintained high standards of cleanliness. They followed good infection control and prevention practices to prevent the spread of healthcare related infections.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the inspection on 3 November 2015 this key question was rated as good. At this inspection this key has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- There was a truly holistic approach to assessing, planning and delivering care and support which took a rounded view of people as individuals. One relative told us, "I am astonished with the quality of care."
- The provider embedded best practice in service delivery which enabled staff to achieve the very best outcomes for people.
- The provider had devised and implemented a programme of care, based on the most current evidenced-based research, to reduce distress and improve wellbeing in residents living with dementia. Staff had supported one person, who had previously found it difficult to engage in activity, to attend a bush-craft evening. They sat around a camp fire and reminisced about camping trips in their youth.
- Staff kept robust care records which they analysed and used to continually develop their understanding of people's needs. For one person this meant a reduction in the amount of psychotropic medication they needed to take.
- People had access to new technology which turned any surface into an interactive, touch screen. Staff used the technology across the home to promote engagement and improve people's wellbeing, through group and one to one activity. Staff told us the technology brought people together and had enabled one person in particular to engage in activities they would otherwise be unable to.

Staff support: induction, training, skills and experience

- Staff were well-informed and skilled to meet people's individual needs.
- Staff received bespoke training and ongoing support to understand the specific needs of everyone who used the service. For example, palliative care specialists had delivered practical training for staff in providing the very best end of life care.
- The registered manager provided staff with a high-level of support and appraisal. They fostered the continuous development of staff skills, competence and knowledge. One member of staff told us the provider had supported them to achieve their nursing qualification.

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

- There was a strong focus on the importance of eating and drinking well.
- Staff championed best practice in this area and protected people from risk of dehydration and malnutrition.
- One member of staff had presented to their peers the importance of good hydration. From this staff had creatively devised a way of ensuring they supported people to drink well.



- Staff were aware of people's individual dietary needs and preferences and modified diets were of the same high-quality.
- Meal-times were a pleasant experience for people. The dining room was well-presented, and staff were attentive to people who needed additional support.
- Without exception, everyone we spoke with gave positive feedback about the food. Comments included, "I get a choice and its good quality" and "There is plenty of choice and the quality and quantity is good."

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

- People received consistent and effective care and support.
- Staff communicated effectively and shared best practice to ensure people continued to receive the right care. One staff member told us, "It's a team effort."
- Staff tended to people's health and well-being and made prompt referrals where necessary. One person told us, "I just have to ask. I asked for a doctor and one came straightaway."
- The registered manager had recently met with staff to discuss new best practice guidance about promoting good health during winter. From this staff acted to prevent people from developing chest-infections.

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

- People lived in warm, homely environment. They had space to sit together and socialise and access to private areas where they could spend time with family and friends.
- The provider followed best practise for developing environments appropriate for caring for people living with dementia, including signage and other aids to support people to move safely around the home.
- People has access to a large outdoor space which looked onto rural landscape to the rear of the home. A staff member told us the garden had been used to host a 1950's themed garden party.

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.

- Staff had a thorough understanding of MCA and DoLS and were confident about using the Act. They were highly skilled in assessing people's capacity and best interest decisions were always made in accordance with legislation and people's wishes. They communicated with people in a way they understood and gave people time to process information.
- Staff had worked sensitively and within the framework of MCA, to protect two people with limited capacity and were engaged in a romantic relationship.
- The registered manager had invited an advocacy service into the home to hold a talk about DoLS with relatives and members from the local community.

# 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 inspection on 3 November 2015 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; respecting equality and diversity

- Staff treated people with dignity and kindness.
- Without exception, everyone we spoke with was consistently positive about the caring attitude of the staff. One person told us, "As far as the staff are concerned, you can't beat them."
- Staff were particularly sensitive to times when people needed caring and compassionate support and demonstrated a true empathy for the people they cared for. For example, staff were particularly skilled in supporting people who had experienced bereavement.

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

- Staff had time to spend with people to provide person-centred care. They knew people well and understood when they needed the support of their families and others to make decisions about their care. One relative told us, "Everybody treats [Name] well. They treat [Name] as an individual."
- Staff gave people the information they needed to make decisions about their care and support and they did this in a way people understood. One person told us, "They explain everything to me."

Respecting and promoting people's privacy, dignity and independence

- Staff were attentive and anticipated people's individual needs. They recognised distress and discomfort at the earliest stage and tailored their response to provide the right support for the person. For example, staff discreetly approached one person who had fallen asleep in the dining room and offered to support them to their bedroom.
- Staff supported people to maintain their independence. They supported people to do what they could for themselves and helped where required.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the inspection on 3 November 2015 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 ensure people have choice and control and to meet their needs and preferences; 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 received personalised care and support. Their care plans contained information about their likes, dislikes and preferences, and staff used this information to care for people in a way they preferred. One person told us, "I have discussed my care here with staff. They have asked me if there is anything that bothers me and if there are any foods I dislike."
- Staff supported people to access the community and take part in activities they enjoyed. Organised activities included, music, dancing, baking and opportunities for prayer. In addition, staff supported people to pursue individual interests such as knitting and artwork.

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 provided people with information in a way they could read or understand.
- People had detailed, person-centred plans in place to aid communication.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and were confident any concerns would be responded to. One person told us, "I know who the people are I need to talk to, but I don't need to complain."
- The registered manager dealt with complaints in an open and transparent way and took every opportunity to learn from feedback.

End of life care and support

- Staff were exceptionally well-skilled in helping people and their families to record their wishes about care at the end of their life.
- Staff and managers ensured people's preferences for end of life care were respected and adhered to. They extended the upmost compassion to people's families and friends.
- The service had strong links with healthcare professionals, including palliative care specialists, and worked collaboratively to provide people with a dignified and pain-free death that was as comfortable as possible.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the inspection on 3 November 2015 this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear vision and strategy to provide people with the very best care and support.
- Everyone we spoke with told us the service was well-led. One person told us, "I cannot speak highly enough of the excellent management."
- Staff were highly satisfied in their roles and shared a genuine desire to provide high-quality person-centred care. One staff member told us, "The comfort and safety of our residents is the most important thing." One person told us, "The staff are all excellent right down from management to the cleaners and laundry person."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- There was a strong governance framework in place, with clear lines of accountability and processes to drive quality.
- The registered manager took every opportunity to improve care, including when things went wrong. They routinely shared learning with staff at all levels and this led to improvements in care.

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

- Staff routinely engaged with people, families and staff and valued their expertise in the continuous development of the service. One person told us, "I think they pay attention to what we say and act on it." One relative told us, "They communicate with residents and are respectful and mindful. I do like that."
- The provider recognised the important part the service played in the community and had developed a strategy to support ongoing engagement. This included a programme of events as well as catering a local event.
- The service provided learning opportunities for student nurses.