Care Quality Commission

Leafoak Limited

Thurleston Residential Home

Inspection report

Whitton Park
Thurleston Lane
Ipswich
Suffolk
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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?	**Requires improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Thurleston Residential Home is registered to provide accommodation for 37 older people who require personal care. There were 30 people living in the service when we inspected on 15 October 2015. This was an unannounced inspection.

When we last inspected the service on 3 November 2014, we identified shortfalls in relation to care planning, support offered to support people to eat and drink sufficient amounts, quality monitoring and staffing levels. The provider wrote to us telling us what actions they intended to take in response to these concerns. At this inspection we found that the manager had implemented the identified actions and improvements had been made.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and

Summary of findings

associated Regulations about how the service is run. Care plans were detailed and related to clear assessments of need, which identified each person's individual needs. Care plans identified how these needs would be met. Care records were regularly reviewed and showed that the person had been involved. They included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed.

People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences. Staff routinely ensured that people had access to food and drink and records were maintained demonstrating regular monitoring of people who presented at risk of malnutrition.

Staffing levels had been reassessed by the manager and additional staff had been recruited. Some staff had also left the service, however permanent staff had covered gaps in the rota and safe staffing levels had been maintained. We observed staff taking time with people and responding appropriately when people presented as requiring support or assistance.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the service.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they were supported by friendly and caring staff, however some improvements are required in staff's use of language and behaviours when assisting people with eating. People were supported to participate in suitable social activities.

Staff used their training effectively to support people. The manager and staff understood and complied with the requirements of the Mental Capacity Act 2005(MCA). The manager was aware of their role in relation to Deprivation of Liberty Safeguards (DoLS) and how to support people so as to ensure they were not placed at risk of being deprived of their liberty.

The provider had commissioned a quality monitoring report from a consultant with a background in health and social care regulation and the manager had a robust system of internal auditing of key areas to ensure oversight of the operation of the service.

The service was well led. People knew the manager and found them to be a strong presence in the service. People living and working there had opportunity to say how they felt about the service and the care it provided. Their views were listened to and actions were taken in response. The provider and registered manager had robust systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

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 knew how to recognise and report abuse. There were systems in place to manage risk for the safety of people receiving and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service. There were enough staff to meet people's needs.

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

Is the service effective?

Good

The service was effective.

Staff received training and supervision suitable for their role.

People were supported appropriately in regards to their ability to make decisions. Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet. People were supported to access appropriate services for their on-going healthcare needs.

Is the service caring?

Requires improvement

The service was not always caring.

The use of language and some of the behaviours displayed by staff when assisting people with eating was unintentionally disrespectful to people who were using the service, particularly those who were living with dementia.

People were provided with care and support that was personalised to their individual needs. Staff knew people well and what their preferred routines were.

People's privacy, dignity and independence were respected, and their visitors were welcomed.

Is the service responsive?

Good

The service was responsive.

Care plans contained the relevant information needed to meet people's needs. People were supported to follow interests and activities they enjoyed.

The service had appropriate arrangements in place to deal with comments and complaints.

Summary of findings

Is the service well-led?

Good

The service was well led.

The atmosphere at the service was open and inclusive.

Staff felt valued and were provided with leadership support and guidance to provide a good standard of care to people.

The provider had improving arrangements in place to monitor, identify and manage the quality of the service.

Thurleston Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken on 15 October 2105 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 service. This inspection was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with nine people who used the service, three of their relatives and one visitor. We also spoke with the manager and four staff working in the service.

We looked at six people's care and medicines records. We looked at records relating to four staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Good

Is the service safe?

Our findings

At our last inspection in November 2014, we had concerns about the number of staff available to support people. We asked the provider to send us an action plan describing how they would make improvements. At this inspection we found that improvements had been made. People told us that staff were always available to help them when they needed it. One person said, "It is a lot better now, lots more staff around, people always up and down the corridor saying hello." A visiting relative said, "….Always staff about and they seem to be busy but they do have a chat and make sure [relative] is okay."

The manager told us that they had a dependency level assessment tool they used to determine staffing levels. Based on this tool, the manager told us the home operated with a minimum of five care staff on duty in the morning and four in the afternoon, including at least one senior on every shift. Our observations of the staff rota confirmed that these levels had been maintained. The manager told us that, whilst some staff had left recently, the remaining permanent staff had covered any gaps in the rota.

People told us that they felt safe with the service they received and one person said this was because, “They come to see me to see if I am alright and I feel safe.” Visitors told us they felt reassured that their family member was safe in the service. One person said, “[Relative] is safe here. There are always people about especially at night when they check [relative] every hour." Another relative told us, “At home [person] had falls but has only had one here since Easter. They rang me straight away and [person] went to hospital and we were kept informed.”

People were protected from the risk of abuse. Policies were in place for safeguarding people and whistleblowing and these were signed by staff to confirm their understanding and agreement. Staff told us that they had received suitable safeguarding training. Staff were able to demonstrate understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns where necessary. Staff told us that they felt the manager responded positively to any concerns raised, however they would go outside of the organisation if needed to report any concerns to ensure that people were kept safe.

Risks were identified and actions were planned to limit their impact. People’s care plans included information about risks individual to them and guidance was in place to help staff to manage this safely. Staff we spoke with were aware of people’s individual risks, for example if a person had difficulty swallowing, and told us how they kept people safe by monitoring them closely whilst eating, and offering support where required.

The manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included responding to environmental emergencies, such as flooding. An emergency evacuation plan was in place for each person using the service. Staff received training in first aid and fire safety and were able to describe the procedures to follow in such an event. The manager told us that, following an analysis of falls and accidents, there had been a decrease of falls in the service due to effective risk assessments and planning.

People were protected by a robust recruitment process that ensured staff were suitable to work with people receiving the service. Staff told us that references, criminal record and identification checks were completed before they were able to start working in the service and they had a detailed interview to show their suitability for the role. This was confirmed in the staff records we reviewed.

People were protected by safe systems for the storage, administration and recording of medicines. Medicines were securely kept. Temperatures were recorded of the medicines storage area to ensure it remained within the safe recommended storage temperature. We saw people being prompted to take medication that had been safely prepared in a pot, whilst staff observed closely and ensured that the person concerned was consenting to taking the tablets. Medicines administration records were consistently completed and tallied with the medicines available. People received their medicines as prescribed. People confirmed that staff supported them with their medicines and that they received their medicines when they should.

Good

Is the service effective?

Our findings

At our last inspection in November 2014, we had concerns about the amount of space outside for people with dementia to access without supervision. At this inspection the manager confirmed that both front and rear garden areas were now secured and provided access in a safe manner.

People were cared for staff by who were trained and supported in their role. One person said, “Staff are good at their jobs and they do things well.” A health professional told us, "They know about pressure relief and are quite hot on that." A visitor said, “It is lovely, fantastic and they really look after [relative].” In response to a recent survey of health professionals, one community nurse stated, “Staff keen to be involved and updated on progress on resident in the clinical intervention we are visiting for.”

Staff told us they had had an induction when they started working at the home. This had included shadowing experienced staff. Staff told us that the induction and training provided them with the knowledge they needed to meet people’s needs safely and effectively. The manager confirmed that the service was now using the care certificate standards to introduce new staff to the expectations of them. This meant the staff were receiving up to date guidance on their roles.

Staff received regular training updates to ensure their knowledge was current to support them to meet people's needs. Staff also told us that they received regular supervision from senior staff. This was confirmed in records we saw during this inspection. The manager worked alongside staff routinely and supervised their practice and skills in this way. Staff confirmed this and told us that they felt well supported in their work. In response to concerns raised at the last inspection, the manager told us they had arranged for staff to receive training in Dementia, Malnutrition Universal screening tools (MUST), the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DOLS).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had a basic understanding of their role in relation to MCA and DoLS and how these should be applied. Assessments of people’s capacity had been completed in line with the MCA and where appropriate, best interest decisions had been made. The arrangements for the administration of covert medication, that is medication given in a disguised way, had been assessed for individual people. Records showed that this had been agreed in their best interests by appropriate people involved in their lives including a clinical nurse specialist and their family. The manager was aware of changes to the DoLS guidance following a Supreme Court ruling and had arranged for independent mental capacity advocacy services to be provided where this need had been identified.

People were supported to maintain their nutritional health and had enough to eat and drink. People's individual preferences and nutritional needs were known to staff, including those preparing meals. People told us they enjoyed the food and drinks served and that they always had a choice. One person said, “You can have a fry up whenever you want or cereals or toast and marmalade, you have whatever you want.” Another person said, “You have two or three meals to choose from and I never go hungry.” Some people told us that the meat provided on that particular day was a bit chewy and could have been cut up thinner to be more palatable. We informed the manager of these comments and they agreed to inform the catering team and review the dish concerned.

People’s risks in relation to nutrition and hydration were assessed and monitored and food and fluid charts were maintained where required. Records showed that specialist support was requested where required. People's weight

Good

Is the service effective?

was routinely recorded and monitored to support their health and well-being. A relative said, "[Relative] never used to eat their breakfast and now they eat porridge. They have never said they are hungry."

People's healthcare needs were well managed. Care records showed that staff were proactive in gaining prompt and effective access to healthcare professionals and assessment services. One person told us, "If I don't feel well they always ask after me and get me looked at by a doctor if I need it." A healthcare professional told us, "They are on top of things and call a doctor in if they have any concerns." We saw records confirming that staff had referred people for medical examination, for example when they were concerned about someone showing signs of a possible infection.

Requires improvement

Is the service caring?

Our findings

There were occasions when the actions of staff were not as respectful as they could have been. This also meant that some opportunities for positive interaction were not acted on. For example we saw instances of meals being provided to people living with dementia without any description of the dish, which could have been confusing to the person concerned had they forgotten what they had asked for. We also saw staff removing plates of food to be taken away and cut into small pieces, rather than this being done beforehand if known about, or at the table. When completing care records we observed staff talking about "feeding" people rather a more respectful term such as, assisting someone to eat.

People told us they were satisfied with the care they received and that staff were caring and kind. A healthcare professional told us that people were provided with excellent care at this service. One person told us staff were, "Nice," and another person told us staff looked after them and were, "Good to them." One person said, "The staff are very friendly. They come when you call and could not be better. They will spend time with you." A healthcare professional said, "Staff are caring. The quality of care here is very good. Staff call people by their preferred name, they know people well and respect their privacy and dignity." A visitor said, "The care is very good. The staff are very good. They are nice and kind."

People's care needs and preferences were taken into account. One person said, "My family were involved in my assessment and checked the service first. They asked about our needs. I am not interested in my care plan, I am cared for so well it does not bother me." A relative said, "We know about the care plan, every now and then they tell us when there is a change and they tell us what is what. I sit and watch. They are very caring in respect of my [family member] and very caring towards everyone here. I don't know how they do it."

People were involved in making day to day decisions and choices. Staff asked people for their preferences such as if they were ready to leave the table, or where they would prefer to sit and telling people that the choice was theirs. Where people expressed a desire to undertake tasks, such as shopping independently they were encouraged to do so, and we saw staff enthusiastically greeting people who had returned from a shopping trip and discussing what they had bought. A staff member told us, "We are here for [people] and we give them encouragement, but they decide." One person told us, "There is no problem with choice. They offered me a bigger room but I am cosy here and so refused. It was not a problem."

Staff interacted with people in a caring way and spoke with them in friendly tones. Staff clearly knew people's likes and dislikes and people and staff chatted easily together in an appropriately familiar way. Many of the staff had worked with people for a number of years which enabled relationships to develop.

People confirmed that staff respected their dignity and privacy. Staff spoke to people in a respectful way, for example, staff knew and used people's preferred names. People who needed support with personal care were assisted discreetly. Staff spoke quietly with people about matters relating to personal care to respect their dignity. People confirmed that staff closed doors when people were receiving support with personal care.

People were supported to maintain relationships that mattered to them. Visitors told us they could visit at any time. One visitor said, "We can turn up at any time. They are always welcoming." Another visitor said, "We are here often and are always welcomed."

Good

Is the service responsive?

Our findings

At our last inspection in November2014 we had concerns about the availability of meaningful daily activities for people who used the service. The manager gave us a number of examples of outings that had taken place recently, including trips out shopping that had been requested by a person, and other trips out to garden centres and the nearby town of Felixstowe. There were a number of photographs of people engaging in recreational or social activities. The activities coordinator maintained records of the activities undertaken by people, and a colourful timetable of upcoming events.

A visiting health professional told us, "I feel people are happy, they have activities and they really are going for it. I hear the activities coordinator asking people what they used to do, in order to get ideas for things to do." We observed staff engaging on a personal social level with people, for example by joining them in a singalong and knowing what their favourite songs were. People told us they had a range of activities and social events available to them that suited their needs. These included group activities such as bingo and quizzes, going into the garden and individual activities such as reading and doing puzzles. People also had opportunities for individual conversations with staff and to have visits from a representative of their faith. People told us about the garden party held the weekend before our inspection, that was also attended by families and friends and how enjoyable they had found this experience. Some people preferred to spend time in their own bedrooms following their own lifestyle choices. One person said, "I do go down to activities but I prefer my own company. I like to read the newspaper and watch television in my own bedroom." Another person said, "I watch television in my own room and just do the things I like to do. I could not stand bingo or such activities, it is just not me."

People's needs had been assessed before they came to live in the service and they and their relatives were involved in the planning of their care. One visiting relative said, "We were involved in the assessment and the manager visited us at home." Another relative told us, "They did an assessment. We had long discussions about [person's] needs and then they did the care plan. It is very good." The assessments were used to inform individual care plans.

Detailed care plans were in place for the other people whose care records we looked at. This provided staff with clear information on how to support people's needs in the way they needed and wished for. The care plans had been reviewed regularly, or as people's needs had changed, so that staff had current guidance on how best to meet people's needs.

People received care and support that was responsive to their needs. We saw some life story plans in people's files that identified their preferences and personal histories so staff could engage with them on a personal level as well as meeting their physical needs. One person told us that they did not like to have a bath and that staff gave them a full body wash, which was what they preferred. Staff were clearly aware of people's individual preferences for daily routines as identified in their plan of care. Staff told us, for example, how one person liked to eat in the evening just before going to bed while another person preferred to eat breakfast in their bedroom before getting washed and dressed.

People told us they had no complaints and confirmed that they would be able to talk to staff if they did. One visitor said, "We would feel able to complain. We get on well with the manager who is always happy to chat to us." Another visitor said, "[Person] could say if they had any problems but they never have. We could complain, but any query is dealt with immediately so no problems do arise." Staff were aware of the requirements of the provider's procedure in relation to complaints. They told us they would try to deal with any smaller matters immediately. If they felt this was not possible, they would offer to log the person's concerns and refer them to the manager to follow up.

The provider had a complaints policy and procedure in place that had been recently reviewed as part of a quality audit. The complaints information gave people clear timescales within which the provider would need to respond and actions would be implemented so people knew what to expect. Records confirmed that complaints had been responded to promptly, and remedial action had been taken, for example changes to the laundry system. Information was also included to guide people on how to take their complaint further if they were dissatisfied with the provider's response. A system was in place to record complaints and to show any outcomes or learning identified.

Good

Is the service well-led?

Our findings

People told us that the service was well-led and managed. One relative said, "The manager runs the home very well. It is well run and when I arrive they are always professional and there is always a member of staff to fill me in." A healthcare professional said, "This home is well-led by the manager."

The manager promoted an open and positive culture and people knew who the manager was. People told us they saw the manager often and that the manager always asked them if everything was alright for them or if they needed anything. People benefitted from an established management and staff team that worked together and were clear about their roles and responsibilities. One member of staff told us, "Staff morale is good….everyone is getting on well, working as a team and they all know they can go to a senior or the manager."

Staff told us that the manager and deputy manager were approachable and supportive and all staff worked as a team with good communication systems in place. Staff also told us they had received support and opportunities to develop their knowledge from the manager. A member of staff said, "I have done National Vocational Qualification levels 2 and 3 in Health and Social Care. It took a while but I got there. They helped me to understand my everyday work. You can go to the manager or the deputy and they sort things out when they say they will. I honestly do think this home is well managed and people say good things about it. It is really nice. Staff are important here and people make you feel like you matter."

The manager worked as part of the care staff team including working night shifts on occasions. This provided people and all staff an opportunity to speak with the manager and allowed the manager to know everything about the way the service ran and the care people received. The manager told us that it enabled them to ensure that the main aim of the service; was to provide people with a home from home where they received the care they needed in the way they preferred, was met.

Systems were in place to gain people's views on the service. The manager told us they had provided all relatives with their mobile telephone number so that relatives could contact them at any time. People told us they felt they could talk to the manager if they needed to. A relative said, "The manager is very good. We know both the manager and the deputy manager. We can contact them at any time." While a formal analysis had not been completed, all responses to the satisfaction survey of 2014 were positive. This included areas such as standards of care and privacy in the service. Staff told us that staff meetings happened about twice each year but that as the team was so small and the managers so readily available, they were able to discuss any suggestions on a daily basis and felt listened to.

The manager had improving systems to monitor the quality of the service. The manager told us the provider had recently contracted the services of a consultant in the field of adult social care residential services, and they had produced a thorough report into the quality of care provided at the home. We examined the report and found that it was indeed a thorough report, and included recommendations to improve the service, some of which had already been acted on, despite the report only having been received days before our inspection, for example the moving of safety signs in the kitchen. Recorded checks of the laundry and kitchen had been undertaken and actions identified had been completed. Audits of care plans and medication audits were in place.