

SLW Limited

Thornbury Care Centre

Inspection report

58 Thorndale Road
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Sunderland
Tyne And Wear
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Tel: 01915201881

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21 March 2018

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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 ●

Summary of findings

Overall summary

The inspection took place on 20 and 21 March 2018. The first day of inspection was unannounced and the second day announced. This was the first rating inspection for the home under a new provider. Following this inspection we have rated the home as Good.

Thornbury Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Thornbury Care Centre accommodates up to 44 people. At the time of our inspection there were 21 people living at the home, some of whom were living with dementia.

The provider's registration of Thornbury Care Centre took effect on 31 March 2017. We found a full refurbishment of the home was in progress and was due to be completed at the end of June 2018. An improvement plan was in place which was progressing well. People, relatives and staff gave positive feedback about the improvements the provider was making to the home.

The home had a registered manager. 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. People, relatives and staff told us the registered manager was approachable.

People and relatives gave us positive feedback about the care provided at the home. They told us the care was good and staff were caring. We observed staff were respectful towards people and promoted their independence as much as possible.

There were sufficient staff deployed to meet people's needs in a timely way. During our inspection we noted staff were visible around the home in order to support and assist people when required.

Staff told us the home was safe. They did not have concerns about safety and knew how to raise concerns if required. The provider followed agreed local safeguarding procedures to deal with safeguarding concerns. Previous concerns had been fully investigated.

The provider had effective recruitment processes to help ensure new staff were recruited safely.

Medicines were managed safely. Records accurately accounted for the medicines people had received.

Staff carried out a range of health and safety checks and completed risk assessments to help maintain a safe environment. Plans were in place to deal with unforeseen emergency situations.

Staff received good support from management and were provided with training opportunities relevant to their individual role. Records confirmed training, supervisions and appraisals were up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported appropriately to meet their nutritional needs and to access health care when needed.

People's care plans contained accurate information which was personalised and reflected their needs.

Complaints had been fully investigated and resolved in line with the provider's complaint procedure.

The provider had a structured approach to quality assurance to help ensure people received a good quality of care. Where areas for improvement had been identified, action plans were in place to address these areas.

There were opportunities for people, relatives and staff to provide feedback about the home. For example, regular meetings, care reviews and formal consultation.

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.

Medicines were managed safely.

There were sufficient staff deployed to meet people's needs.

The home was being fully refurbished to a high standard.

Staff completed health and safety checks to maintain a safe environment.

Is the service effective?

Good ●

The service was effective.

People's needs had been assessed to identify their individual needs.

Staff were well supported and received training relevant to their role.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to meet their nutritional and health care needs.

Is the service caring?

Good ●

The service was caring.

People told us they were well cared for. Relatives also gave positive feedback about the care provided at the home.

People confirmed the staff providing their care were kind, considerate and caring.

Staff treated people with dignity and respect and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised, detailed and up to date.

People were able to participate in a range of activities.

People and relatives gave us positive feedback about the home.
Previous complaints had been fully investigated and resolved.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff gave us positive feedback about the improvements being made to the home.

The provider had a structured approach to quality assurance.

There were regular opportunities for people, relatives and staff to share their views about the home.

Thornbury Care Centre

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 took place on 20 and 21 March 2018. The first day was unannounced and the second day announced. Two inspectors carried out the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

During our inspection we spoke with seven people and three relatives. We also spoke with a range of staff including the registered manager, one nurse, one senior care worker and three care workers. We reviewed a range of records including four people's care records, medicine records, five staff files, training records and other records relating to the quality and safety of the home.

Is the service safe?

Our findings

People told us the home was a safe place to live. They confirmed they did not have any concerns about safety and knew who to talk to if they were worried.

Staff also felt the home was safe. One staff member said, "Yes it is safe, everything is in place now. A lot more staff to keep check and a lot more equipment. Everything we need is there." Another staff member commented, "It is definitely safe. The carers are always making sure the residents are safe."

Staff had completed safeguarding training and showed a good understanding of keeping people safe. They were also aware of the provider's whistle blowing procedure. One staff member commented, "I have not had to use the whistle blowing procedure." Another staff member told us, "I would report concerns straight to the manager. She would deal with it straight away and in a very professional manner."

The provider managed medicines safely in the home. Staff responsible for administering medicines had completed relevant training. Checks were in place to ensure medicines were stored securely. Medicines administration records (MARs) accurately accounted for the medicines people had received. Other records were kept to track medicines received into the home and for the disposal of medicines. Each person had a medicines care plan which described the support people needed to ensure they had their medicines safely.

There were enough staff on duty to meet people's needs in a timely way. People told us staff responded quickly to their requests for assistance. One person said staff were "pretty quick". Another person told us, "Staff come and help."

Staff also told us there were enough staff. One staff member told us, "I feel a lot more confident (with the current staffing levels)." Another staff member said, "I think they are good. We can see to people's needs properly. It is nice to be able to sit and chat." The provider used a staffing dependency tool to help monitor staffing levels to help ensure they remained appropriate to meet people's needs. We reviewed previous assessments which showed staffing levels were at an acceptable level. Throughout our visits to the home we found staff were visible and on hand to provide assistance to people when required.

The provider had effective systems to recruit new staff to the home. This included a thorough interview and selection process, pre-employment checks with the Disclosure and Barring Service (DBS) and receiving references from previous employers. DBS checks help employers make safer recruitment decisions as they are used to complete a criminal record and barring check on individuals intending to work with children and vulnerable adults.

At the time of this inspection the home was part way through a complete refurbishment. This included specific adaptations to meet the needs of people living with dementia. We noted the environmental improvements made to date were to a very high standard. One person described their room as "nice and clean". Another person said, "They have made my room nice." Other people described their rooms as "perfect" and "lovely".

We found the home was clean with staff following agreed infection control procedures. For example, staff used Personal Protective Equipment (PPE) when required. We observed domestic staff were carrying out cleaning duties throughout our time at the home. One relative commented, "The home is nice and clean."

Staff provided effective support to people who displayed behaviours that challenge. They had a good understanding of people's needs and how to support them in these situations. Care plans described the strategies required to keep people and staff safe such as frequent observations and de-escalation strategies.

Regular health and safety checks were completed to maintain a safe environment and to ensure equipment was safe. For instance, checks of the fire, gas and electrical safety systems. Risk assessments had been completed covering areas such as Legionella, fire safety and the use of specialist equipment used to help people with mobilising. There were procedures in place to deal with unforeseen emergency situations.

The provider had systems in place to monitor and review incidents and accidents that occurred in the home. This helped to ensure appropriate action was taken and any lessons learnt. After each incident a report was completed, which described what had happened and the immediate action taken. Further management checks were completed to check the action taken was appropriate and effective. The management review also considered any additional action was required to prevent a recurrence. Examples of action taken following accidents included implementing falls prevention technology such as sensor mats, increased observations and referrals to a specialist falls prevention team.

In addition to the individual falls management records, a regular accident analysis was completed. This provided an overview of falls across the home including the time they occurred, the location and whether they were witnessed. This was also used as a tool for identifying potential trends and patterns.

Is the service effective?

Our findings

People's needs had been assessed before and after admission to determine their needs could be met. The assessment considered the person's needs in areas such as personal care, communication, nutrition, religion, culture and end of life. This enabled the provider to develop personalised care plans which reflected people's needs.

Staff confirmed they were well supported and received the training they needed. One staff member said, "I feel really supported, I know I can go to any of the managers, seniors or nurses. There is a lot more training than what I used to get." Another staff member commented, "I feel supported. I get a lot of training, it is regular training as well. I feel valued and important." Another staff member told us, "I feel very supported, I feel I could go to the manager or unit manager and know it wouldn't go any further." Records showed staff received regular one to one supervision sessions with a manager and an annual appraisal. We also noted training and induction was up to date for all staff.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. DoLS authorisations had been approved for relevant people. The registered manager had systems to monitor when DoLS authorisations needed renewing to ensure they remained valid.

Staff had completed training on the MCA and showed a good understanding of how to support people appropriately. They described how they would support people with making daily living decisions and choices, such as choosing clothes to wear and meal choices. This depended on people's individual needs and included asking people, picture cards and showing people items to choose from.

We observed over the lunch time to help us understand people's experience. Staff offered people a choice of drink, such as tea, coffee and juice. Staff followed good infection control procedures. This included washing their hands thoroughly and offering people a flannel to clean their hands prior to eating their meal. Staff interacted well with people about topics of interest to them to create a social atmosphere. People gave us positive feedback about the meals provided at the home. One person said, "The grub (food) is nice, we have good meals."

Where people required assistance, this was provided appropriately. For example, one person wanted to

return to their room. We saw staff met this request without delay and took the person their lunch on a tray. Another person said their tea wasn't hot, so staff replaced it with a fresh cup of hot tea. Where people required one to one support this was provided uninterrupted. Staff also sat with some people to encourage them to eat. Where reassurance was required, this was done in a very caring and warm way. People were not rushed and were able to eat at their own pace. There was a very relaxed atmosphere throughout lunch.

People were supported to access external healthcare services when needed. Records showed people had input from a range of health professionals including GPs, community nurses, dietitians and speech and language therapy.

Is the service caring?

Our findings

People and relatives we spoke with gave us positive feedback about the care provided at the home. They also described staff as kind and caring. One person said, "It is alright, I am happy here. I am quite happy with it. We all get together and have a bit chat." Another person commented, "Most of the girls (staff) are nice." A third person told us, "They try their best. It is very nice here. They are very nice people." One relative said, "[Family member] receives good care. The home seems pleasant and since [family member] has come in there have been no issues." Another relative told us, "[Family member] is treated well. The girls are hard working." Where staff offered reassurance and support, we noted this was done in a very caring and warm way.

People told us they were able to choose how they spent their day. One person said, "I get to choose, I am quite happy." People were also encouraged to personalise their rooms to suit their individual preferences. For example, one person had lots of family photographs in their room, as well as examples of their own artwork. One person said, "They have made my room nice." Other people described their rooms as "perfect" and "lovely".

Care had been adapted to meet people's individual needs. For example, staff involved one person in a daily routine of delivering a paper as this was something that was important to them. Staff also supported the person to go bowling as this was one of their particular interests. Sensors lights had been installed into one person's bathroom to help with orientation and reduce the risk of an accident occurring. Staff told us there was currently nobody living at the home with specific needs relating to lifestyle, religion or culture. However, these areas were considered as part the initial assessment which was completed when people were admitted to the home.

Staff had a good understanding of the importance of promoting independence, dignity and respect. They described to us the practical steps they took when supporting people with personal care. This included asking people for permission, talking to them throughout and keeping people covered up as much as possible. We observed this is practice with staff involving people when they supported them with care tasks, such as when people transferred from a wheelchair.

Care records were personalised and included information about people's care preferences, such as their likes and dislikes. For example, one person wanted to use their own hairdresser. Another person had a preference for certain toiletries. Other people had preferences relating to certain types of foods or hobbies. A document called 'This is me' was in place for each person with details of their life history including the person's childhood, education, career, family and interests. This meant information was available to help staff gain a better understanding of people's care needs.

People were supported to access independent advocacy services when required. Advocates had been contacted as part of the provider's consultation process to gather their views about the home.

Is the service responsive?

Our findings

People's care plans were detailed and personalised to reflect their individual needs. They clearly described the care each person needed from staff. Where people had specific health conditions, guidance was in place to help ensure people received the care they needed. For example, one person had a particular medical condition. Their care plan provided staff with information about signs and symptoms to look out for that might indicate the person was feeling unwell. It then went on to describe the action staff should take to keep the person safe. People had the opportunity, if they wished, to discuss with staff any needs and wishes they had relating to end of life care. When we inspected nobody was receiving end of life care.

Care plans included detailed of people's preferences such as any preferred routines they had or things that were important to them. For example, one person wanted to only use a specific brand of toiletries. Other people had preferences about what time they wanted to get up and go to bed. Care plans were evaluated monthly so that they remained relevant to people's current circumstances.

The provider completed a range of standard assessments using recognised tools to help protect people from potential risks. These covered areas such as the risk of falling, skin damage and poor nutrition. These were reviewed monthly to help keep them relevant to people's current needs. Where people were identified as being at risk, additional records were kept of things like their food and fluid intake and positional changes whilst in bed to protect their skin. The provider kept up to date and accurate records of these checks.

People had the opportunity to be involved in six monthly reviews of their care. We noted from the records we viewed that people's and where appropriate, relatives' views were documented. Views had been positive in all of the review records we looked at. For example, one person commented they were 'happy with their care' and the 'staff are great'.

There were opportunities for people to participate in a range of activities. One relative commented, "The activity girl gets things going on." The registered manager completed a regular review of activities provided. This focused on whether activities were suitable for the interests of people living in the home and participation rates. Activities provided included a bake-off, one to one time with staff, puzzles, visits from community groups and art therapy. We observed activities were on-going during our visits to the home. For example, staff engaged people in a sing-a-long and a visitor from a local cookery group.

People gave us positive feedback about their experiences of living at Thornbury Care Centre. One person commented, "I have no complaints." Where people and relatives had raised any concerns these had been dealt with straightaway. For example, one relative told us they had raised a minor issue with the provider which had been addressed without delay. We viewed the complaint log which confirmed previous complaints had been dealt with in line with the provider's agreed process. This included meeting with family members to discuss concerns and agree a resolution. The registered manager completed a regular analysis of complaints to look for any trends and patterns.

Is the service well-led?

Our findings

The home had a registered manager. Staff told us they found the registered manager and management team supportive and approachable. One staff member said, "[Deputy] is amazing, she trained me up from being a carer to a senior. [Registered manager] is great, really good. I feel comfortable going to them." Another staff member commented, "I know all the managers, they are definitely easy to talk to." A third staff member told us, "They have very high standards."

People and staff described the home as having a positive and welcoming atmosphere. One person commented, "It is lovely. I have been here three to four years. Most workers are happy and have a chat." One staff member told us, "There is a good atmosphere in the home."

People, relatives and staff commented about the improvements the provider was making to the home since they took over ownership. One person told us, "The rooms are nicer than they were." One relative said, "There has been a lot done. I can see things are working now." One staff member told us, "Everyone is a lot happier. There is a better atmosphere, a lot more training opportunities. We are better informed. You can go to anybody (management) and talk to them and it remains confidential. The residents have a lot more pride in their home." Another staff member commented, "The care for starters, it is a lot better. The home is a lot cleaner, the service users are a lot cleaner. It is getting there." A third staff member said, "The care has changed. Checks are put in place like fluid charts. The standard of care has gone up massively. I can't believe how much it has changed."

The registered manager told us she was reviewing the systems available to people and relatives to provide feedback. Relatives' and residents' meetings to date had not been very well attended. The provider had issued a short questionnaire to people to gather views about their preferred method of communication. A 'service user committee' had been implemented to represent the views of people using the service. A comments box was also going to be made available.

People, relatives, staff and professionals had been consulted in October 2017 to gather views about the home. People had given positive feedback about the care they received. For example, 100% of people stated they felt staff were courteous and professional, treated them with dignity and respect and promoted their rights and choices. Relatives and professionals gave similarly positive feedback about the care and approach of the staff team. Feedback from staff members was slightly less positive but the majority were happy with how the home was changing and progressing. For instance, 82% of staff felt people's rights and choices were promoted and 73% felt they were able to meet people's needs. Detailed action plans had been developed to address areas requiring further improvement, such as meal and activities choices. We noted these had all been signed off as complete.

The provider had also reviewed the main survey used during consultation with people using the service as they felt it lacked focus and did not ask the appropriate questions. These revised questionnaires were due to be sent out to people imminently.

The provider had a structured approach to quality assurance. This included regular checks of areas such as medicines management, care records, incidents and accidents, pressure care and complaints. Management regularly analysed information to check appropriate action had been taken to help people stay safe. Where areas for improvement had been identified, the provider was proactive in developing action plans to drive improvement.

The provider had developed a detailed improvement plan, which identified priorities for 2018. Actions included plans to invite people and relatives to join in with key in-house training, developing easy read information for families to assist in keeping people safe, completing the refurbishment of the home and developing the roles of some staff into 'champions' to lead on areas of care.