

Leafoak Limited

Thurleston Residential Home

Inspection report

Whitton Park
Thurleston Lane
Ipswich
Suffolk
IP1 6TJ

Tel: 01473240325

Website: www.guytoncarehomes.net

Date of inspection visit:
21 February 2020

Date of publication:
13 March 2020

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

About the service

Thurleston Residential Home is a residential care home providing personal care to 26 older people at the time of the inspection in one adapted building. Some of these people were living with dementia. The service can support up to 37 people.

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

Risks to people were assessed and systems were in place to mitigate them. Staff were available when people needed support and staff were recruited safely. Medicines were managed well, and any shortfalls were identified and addressed. Infection control processes reduced the risks of cross infection. The registered manager had systems to learn lessons and use these to drive improvement.

Staff received training and support to meet people's needs. People's health care and nutritional needs were assessed and met. 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. There was signage in the service to assist people to independently navigate around. There were plans to improve the environment, this was because some areas in the service were tired and needed redecorating.

People received a caring service from staff who were respectful and knew them well. People's rights to privacy, dignity and independence were promoted and respected.

People's needs were assessed, planned for and staff received guidance on how these were to be met. People's views about how they wanted to be cared for were valued and used to plan their care, this included their end of life decisions. People had access to social activities which reduced the risks of loneliness and boredom. There was a complaint procedure in place and people concerns and complaints were investigated and used to drive improvement.

There were governance systems which assisted the registered manager to assess and monitor the service people received. People were asked about their views and these were used to develop and improve. The service worked with other professionals involved in people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Thurleston Residential Home

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

This inspection was undertaken by one inspector.

Service and service type

Thurleston Residential Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information

we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one person's relative about their experience of the care provided. We also spoke with a visiting health care professional. We spoke with eight members of staff including the registered manager, assistant manager, senior care, care, activities, domestic and catering staff. We observed the interactions between staff and people.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and training records were reviewed.



Our findings

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

At the last inspection 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

- Staff were trained in safeguarding and understood their roles and responsibilities relating to keeping people safe from abuse and reporting concerns appropriately.
- Risks to people relating to potential abuse were documented and staff were guided on how to reduce the risks to people.

Assessing risk, safety monitoring and management

- People told us they felt safe living in the service. There were systems to assess and reduce the risks of avoidable harm. This included people's records which held risk assessments in areas including falls, and pressure ulcers, which identified how the risks were mitigated.
- Equipment such as mobility and fire safety equipment were regularly checked and serviced to ensure they were safe to use and fit for purpose. Health and safety checks of the environment supported the management team to identify where improvements were needed to reduce risks.
- The service's business continuity plan guided staff on actions to take in case of an emergency and loss of services.

Staffing and recruitment

- People told us there were enough staff to meet their needs. We saw staff were attentive to people's needs and their requests for assistance were attended to promptly.
- The registered manager told us how they calculated the staffing numbers to meet people's needs. The staffing levels were confirmed in the rota. The registered manager said any staff vacancies were recruited to in a timely way to reduce the risks of not having enough staff. During our inspection visit a new staff member was undertaking their induction.
- Staff records showed appropriate checks were completed on prospective staff members to reduce the risks of people being cared for by staff who were not of good character and unsuitable to work in this type of service.

Using medicines safely

- People told us they were satisfied with the arrangements for how they received their medicines. One person said, "They bring me my pills every day." We observed part of the lunch and dinner medicines administration and this was done safely.
- Records demonstrated people received their medicines as prescribed. Staff had received training in safe medicines management and had their competency checked by a member of the management team.
- Audits on medicines assisted the management team to identify any shortfalls and errors and address them promptly to reduce ongoing risks to people.

Preventing and controlling infection

- There were areas around the service with a good supply of personal protective equipment (PPE), such as disposable gloves and aprons for staff to use to reduce the risks of cross infection.
- Records showed items such as walking frames and sticks were regularly cleaned.
- The service was visibly clean throughout. One person said, "They clean my room every day."

Learning lessons when things go wrong

- The registered manager had a system from learning lessons and using these to drive improvement.
- Records of complaints and incidents showed these were investigated and identified the lessons learned to reduce the risks of them happening again. This included disciplinary action and reflective discussions with staff.



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 last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into the service, a member of the management team undertook a needs assessment to ensure the service could meet the person's needs. This was done with input from the person and their representatives, including relatives and other professionals involved in their care.
- The needs assessments were used to inform people's care plans, which identified how people's assessed needs were met, including any aids and adaptations they used.
- One person's relative told us how the support from staff had helped their family member settle into the service.

Staff support: induction, training, skills and experience

- Systems were in place to provide staff with training, support and the opportunity to undertake relevant qualifications in care. This supported staff to meet people's needs effectively.
- Staff received an induction which included training, shadow shifts and work on the Care Certificate, which is a set of standards care staff should be working to.
- Staff received one to one supervision meetings where they could discuss their work, received feedback and identified any training needs.

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

- People told us they were provided with a choice of good quality meals. One person said, "The food is always excellent." Another person told us what they liked to eat for their evening meal and we saw this was provided.
- People's dietary needs were assessed and met. Where concerns about people's diet were identified, such as loss of weight, or risk of choking, referrals were made to appropriate health care professionals. We saw lunch and dinner were social occasions, people chose where they wanted to sit and if they wanted music on.
- We saw staff encouraging people to eat. For example, we saw good interactions with a person who did not sit for long during meals. Each time they left the dining room, staff reminded the person it was lunch and

offered the person choices of where they wanted to eat.

- Staff were knowledgeable about people's needs and how they were met. Guidance received from health care professionals were followed relating to the types of food people were provided with, included softer food and high calorie food and drinks to assist people to gain weight, where required. One person told us about the milk shake they had been served, "It is to help me put weight on, but I have been this weight all my life. I like it though."
- Records showed, for people who were at risk of dehydration, the recommended amount of fluid they should have each day and the signs and indicators of dehydration. Records of how much people had to eat were maintained, where there was a risk of people not eating enough.

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

- A health care professional told us the service worked well with them and acted on any recommendations they gave. They said the staff were, "Very good at passing information and any advice I give it is done."
- Concerns about people's wellbeing were reported to health care professional, in addition, weekly visits from a practitioner from a GP service, supported people to be seen in a timely way.
- Records of oral health checks and support provided. One person's records included information that the person was not wearing dentures, but there was no further information about the support they had been provided with their oral hygiene. We spoke to the registered manager about what we had found, and they assured us this would be addressed. They advised they had softer toothbrushes to ensure people were supported with cleaning their gums.

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

- Some areas of the service were tired and in need of redecoration, such as chipped and scuffed woodwork. The local authority told us they had spoken with the provider about this, which was confirmed by the registered manager. They said the provider had agreed to improving the environment and they were in the process of securing quotes for work to be done.
- We noted there was an unpleasant smell in and around the registered manager's office. The registered manager told us a leak under the floor had recently been repaired. However, they understood the smell remained and this may be the first thing about the service visitors would note when they entered the main front door.
- The registered manager told us about work which had been done in the service, such as releveling of a floor in one of the communal bathrooms.
- Signage including memory boxes on people's bedroom doors assisted people to independently navigate to their bedrooms.

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.

- Staff received training in MCA and DoLS and the MCA principles were in the staff office for access.
 - The registered manager understood when DoLS referrals were required and made these appropriately.
 - People had signed documents in their care records to show they consented to the care they received.
- Records demonstrated people's decisions about how information was shared with family members was respected.



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 last inspection 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

- People told us the staff were respectful and treated them well. One person said, "I like them all [staff]." One person's relative described the staff as, "Amazing."
- Staff talked about and with people in a compassionate way and they knew people very well. People were clearly comfortable in the company of staff and the discussions and laughter we observed demonstrated good relationships.

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

- People had participated in the planning of their care and records showed they had been consulted, such as how they wanted to be cared for, how they preferred to be addressed, the gender of care staff and if they liked terms of endearment being used. A staff member told us people had also chosen the colour of the care plan folders.
- People's bedroom doors held a notice stating their preferred form of address, which reminded staff how to address the person when entering.
- Around the service were wooden panels with items such as switches, bolts and a door bell on them. These could be used by people to stimulate their senses. The registered manager told us these had been provided because a person told them they felt the other sensory items in the service, such as fiddle mats, were not appropriate for their gender. This demonstrated people's views were listened to and valued.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy, dignity and independence were respected. One person told us how they regularly went out with family and friends, which ensured their independence was respected.
- People's records detailed how people's privacy and dignity were respected and the areas of care they could attend to independently and the area they needed support of staff in.



Our findings

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

At the last inspection 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

- People told us they were happy living in the service and their needs were met. One person said, "There is no fault here, you could not get better even if you had a million pounds to spend. I am so grateful my [relative] found here."
- People's care plans demonstrated their individual needs were assessed, planned for and staff were provided with guidance how they were met. This included triggers to people's anxiety and how staff supported them to reduce their distress.
- People's records detailed their individual conditions, how they affected their daily living and guided staff to how their needs were met and any signs and indicators they needed to be aware of relating to their condition.
- People's care was reviewed with input from people and their relatives, where appropriate. Where changes had been identified in people's needs and preferences their care records were updated to reflect this. This ensured people received the care they needed to meet their current needs.

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.

- People's care records detailed how they communicated and guided staff how best to communicate with them.
- Documents were available to people in different accessible formats, such as larger print.

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 told us there were activities happening in the service which they enjoyed. One person said, "We love the activities, they keep us busy. We have such a good time." A group of three people told us how they

had made friends with each other and enjoyed their time in the service. One person's relative said, "It is always like this, they try their best to keep people happy."

- During our inspection visit, we saw people participating in activities, which included lots of laughter from people which demonstrated they were enjoying their time. The activities included playing with a parachute and balloons and playing musical instruments. We spoke with a group of people after the activity and they told us how much they enjoyed what was on offer.
- We saw photographs of people enjoying activities, including rubber duck fishing, celebrating Valentine's day and birthdays, visiting entertainers and an annual visit to a local seaside town. There were also arts and crafts and stories done by people displayed around the service.
- People's records included information about their important relationships and the support they required to maintain them.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which explained what actions would be taken following receipt of a complaint. There were complaint forms available in the service that people using the service and visitors could help themselves to.
- The minutes from a meeting in 2020 attended by people using the service reminded them about how to raise a complaint and they were asked if they had any concerns they wanted to discuss.
- Records of complaints demonstrated they were investigated and used to drive improvement.

End of life care and support

- There were no people receiving end of life care at the time of our inspection.
- We saw cards and letters received by the service from people's relatives relating to the care provided to their family members at the end of their lives. Comments included, "The care, compassion and kindness shown to [family member] particularly during the last few days of [their] life made a very difficult situation bearable for [family member] and all the family," and "The love and care you showed us all was very special to us and during the last few weeks some of you went beyond your jobs to make us comfortable and able to deal with what was happening."
- We saw a notice in the service which stated they were accredited with a local hospice for end of life care in September 2019. This included attending training.



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 last inspection 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

- People received person centred care and this was assessed and monitored by the registered manager.
- We observed very good person centred interactions between staff and people using the service. This demonstrated an understanding of people and their needs. For example, during an activity staff demonstrated how to use musical instruments. Another staff member supported a person during lunch to ensure they were reminded to eat without restricting them when they were walking with purpose.

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

- The registered manager understood their responsibilities relating to the duty of candour. This was evident in records of complaints and incidents, where people had been written to and apologies had been provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their roles and responsibilities in managing the service. The registered manager was passionate about providing good quality care and this was shared by the staff working in the service. This was evident in the good quality interactions we observed.
- A staff member told us they and their colleagues, "Love [registered manager]. She is the best manager I have had." Another staff member said, "We have very good supportive management, you can go to them with anything and they will support us... We love working here, good team work."
- The registered manager had recently been supporting another of the provider's services who had not had a registered manager. There was now a new manager in place in the other service and the registered manager could now spend their time in Thurleston Residential Home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were asked for their views about the service in satisfaction surveys and meetings.
- A notice in the service, 'you said' and 'we did', identified actions taken as a result of people's comments. This included speaking with a staff member directly and reminding all staff of their roles and responsibilities. In addition, the service had accessed a workshop in dignity to be provided by local authority staff to be held in March 2020. This would help staff to understand how people may feel when told by staff they were finishing paperwork before responding to their request.
- The minutes from a meeting in January 2020 discussed people's satisfaction with the service they received. They were also kept updated with the role of the Care Quality Commission (CQC). The minutes from staff meetings demonstrated they discussed any changes in the service, the requirements of their role and in people's needs.

Continuous learning and improving care

- There was a range of audits in place to assist the registered manager to identify and address potential shortfalls. An external audit had been undertaken and we saw an action plan had been completed which demonstrated these were addressed. Findings from audits were discussed in staff meetings to ensure they were aware of their responsibilities to continuously improve care.
- Feedback received from the local authority showed the service had worked with them and received workshops in report writing and safeguarding. Other workshops were planned in dementia awareness and dignity. This demonstrated the registered manager was keen to source available learning opportunities for the staff team.

Working in partnership with others

- The registered manager told us they worked well with other professionals, including commissioners and health care professionals. This was confirmed in feedback we received. One health care professional told us, "It is a pleasure to come here... if I have any concerns [registered manager] is easy to talk to and they are approachable."
- Records showed the service had worked with another organisation and shared information relating to end of life and there were plans to share further information relating to dementia.