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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 3 November 2015 and was unannounced. The last inspection was carried out in December 2013 when the service was found to be meeting the Regulations assessed.

Threshfield Court offers accommodation with nursing and personal care for up to 61 older people, many of whom are living with dementia. The service is in the small village of Threshfield, close to Grassington in the Yorkshire Dales. Threshfield Court is a large detached building with accommodation on three floors and a passenger lift to all the floors. The service currently provides a service to 52 people.

There was a registered manager in post at the time of our inspection. 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 told us they felt safe at the service. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding

Summary of findings

concerns. There were good systems in place to make sure that people were supported to take medicines safely and as prescribed. Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were enough staff on duty to make sure people's needs were met. Recruitment procedures made sure staff had the required skills and were of suitable character and background.

Staff told us they enjoyed working at the service and that there was good team work. Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively. Staff were supported by an open and accessible management team.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted. The registered manager had taken appropriate action for those people for whom restricted movement was a concern. Best interest meetings were held where people had limited capacity to make decisions for themselves.

People told us that staff were caring and that their privacy and dignity were respected. Care plans were person centred and showed that individual preferences were taken into account. Care plans gave clear directions to staff about the support people required to have their needs met. People were supported to maintain their health and had access to health services if needed.

People's needs were regularly reviewed and appropriate changes were made to the support people received. People had opportunities to make comments about the service and how it could be improved.

There were effective management arrangements in place. The registered manager had a good oversight of the service and was aware of areas of practice that needed to be improved. There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

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?
The service was safe.

There was safe management of medicines which meant people were protected against the associated risks.

Staff were confident of using safeguarding procedures in order to protect people from harm.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs. Recruitment procedures made sure that staff were of suitable character and background.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed.

People were supported to maintain good health and were supported to access relevant services such as a doctor or other professionals as needed.

Good

Is the service caring?
The service was caring.

People told us that they were looked after by caring staff.

People, and their relatives if necessary, were involved in making decisions about their care and treatment.

People were treated with dignity and respect whilst being supported with personal care.

Good

Is the service responsive?
The service was responsive.

People received personalised care. Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service. There were opportunities to feed back their views about the service.

Good

Is the service well-led?
The service was well-led.

A registered manager was in place who had good oversight of the service. Staff told us that management was supportive.

Good

Summary of findings

There was a positive, caring culture at the service.

There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

Threshfield Court

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 3 November 2015 and was unannounced. The inspection was carried out by one inspector, a specialist advisor in nursing and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had experience of caring for an older relative.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIRis a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we looked around the premises, spent time with people in their rooms and in communal areas. We looked at records which related to people's individual care. We looked at five people's care planning documentation and other records associated with running a community care service. This included five recruitment records, the staff rota, notifications and records of meetings.

We spoke with nine people who received a service and two visiting relatives. We met with the registered manager, regional manager and deputy manager. We also spoke with three nurses, three care staff, the activity coordinator and a doctor who was visiting on the day.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person commented "I'm never worried, not anxious, never a thing wrong." People said that call bells were answered within a reasonable time. Some people said it sometimes took longer to answer at night but that this was acceptable to them as. We observed that when an alarm was triggered in one person's room, a member of staff came immediately.

Staff had received training in safeguarding people, and they told us they were confident about identifying and responding to any concerns about people's safety or well-being. There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected. Records showed that any incidents or accidents were logged and appropriate action taken. Where required, care plans and risk assessments had been updated following management review of incidents.

People's care plans included details of risks and there was clear information for staff about how to minimise risks and how to safely support people. Up to date risk assessments were in place regarding areas such as personal care and mobility. Some people had been identified as known to show distressed reactions and responses which could manifest as aggression, shouting or crying. Where this was the case, care plans included risk assessments about managing behaviour safely. Other professionals, such as a psychiatrist were involved for advice and support.

All parts of the building were well maintained and the environment was clean and clutter free. They were up to date risk assessments in place for the environment. These included fire safety, slips and trips and hazardous substances. We observed staff using support aids to lift and transfer people and this was carried out competently and safely. There were quarterly health and safety compliance meetings with managers and relevant staff to review practice and make sure the service was maintaining a safe environment.

There were two corridors within the service where unpleasant odours were noted. We spoke with the registered manager about this who immediately arranged for some carpet to be replaced. Overall, the environment was kept hygienic and clean and equipment was well maintained. Staff were seen to be using personal protective equipment, such as disposable gloves and aprons, where necessary. There was a staff infection control lead in place who was responsible for making sure the service was meeting good practice guidance. However they were unavailable to speak with on the day of our visit. The service had up to date guidance on infection control in order to promote good practice. The last infection control audit took place in May 2015 and this looked in detail at each person's room and the environment.

Recruitment records showed that all the necessary background checks were carried out before new staff were able to start work. Most records held evidence of a criminal records check, references and proof of identification. However, we found two records where the provider had been unable to obtain references. A note had been made by the previous registered manager stating that they were aware of the lack of references but that the applicant was deemed suitable to work at the service. However, it was not clear why references could not be obtained or whether any additional monitoring had been put in place. The registered manager explained that this was historical and would not happen currently. Indeed, all the recruitment records we looked at which were completed by the current registered manager contained all the required information. The service monitored the dates of nurse's registration with the National Midwifery Council to make sure it was up to date and current.

A staffing dependency tool was used to make sure staffing levels were safe and sufficient to meet the needs of people who used the service. The registered manager explained that this was reviewed each month and whenever there was a new admission. We saw from the rota that staffing levels were a little above the suggested level from the dependency tool. The registered manager said that this was because the provider had agreed additional support was needed due to the layout of the service and the number of people who could show distressed behaviour.

The registered manager told us that there was a high level of agency staff use at night time. They explained that there had been difficulty recruiting nurses to work at night but that they used the same agency staff so that they were familiar with working practices. Some people commented that there were often agency staff at night but there was no evidence that this had impacted on people's safety. We were satisfied that the provider was doing what they could to recruit suitable staff.

Good

Is the service safe?

Most people who used the service were unable to take their own medicines and relied on staff to make sure they took their medicines as prescribed. This is called medicine administration. Each person who needed their medicine to be administered by staff had a medication administration record (MAR). MAR charts showed each medicine to be taken as well as the dose and time of day. Staff signed the MAR after administration and we found no unexplained gaps in recording. MAR charts were regularly checked and audited by management to identify if there had been any errors. Records showed that where errors had been identified, appropriate action had been taken.

Some people required medicines to help them with anxiety or distress. Some of these medicines were called controlled drugs (CDs) which needed to be stored and managed in a particular way. We found the storage of CDs was safe and all medicines were accounted for and recorded correctly. One person required medicines to be administered covertly and records showed that this had been agreed following advice from other professionals, including a doctor. CD usage was monitored by the service and the local Community Mental Health Team to make sure it was being used correctly and when needed.

Good

Is the service effective?

Our findings

Staff received the support they needed to provide effective care. Staff members told us they received a suitable induction when they started working at the service. This included two to three weeks shadowing other staff and attending training, such as moving and handling, medication, infection control and safeguarding. There were also opportunities to attend specialist training such as dementia awareness.

Staff received regular supervisions where they could discuss any issues in a confidential meeting with the manager. Supervision records showed that they took place approximately every two to three months and included actions to be followed up at subsequent meetings. There were also regular team meetings where the team could share information and discuss issues together.

Staff told us that they felt supported and that there was good teamwork. The deputy manager commented "I've been at the home for about a year. I love it. I work well with the manager and feel supported. A registered nurse told us "I like it. There is good dementia care here. It is like a family. Care staff have dementia awareness training. I feel supported by the manager. We all work together well."

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.

The registered manager and staff were aware of the principles of the MCA and DoLS procedures. DoLS referrals and authorisations had been made as required. We found examples of best interest meetings being held where people were unable to make decisions for themselves.

However, there was a lack of clear information in people's care records about mental capacity and how people could be supported to make decisions. We discussed this with the registered manager who agreed that improvements could be made.

We recommend that care plans are updated to include all relevant information about people's capacity to make decisions and the action to be taken where there was doubt about a person's ability to consent to care and treatment.

People were supported to maintain their health and had access to health services as needed. Support plans contained clear information about peoples' health needs. There was evidence of the involvement of healthcare professionals such as a doctor, dentist and district nurse. People living with dementia received support through specialist teams and had access to a social worker. We spoke with a doctor who visited the service regularly. They told us "[The service] is one of the best, great communication and evidence of great care". We found that there was a good standard of nursing care and care plans and nursing monitoring charts were up to date and completed as necessary.

People were supported to have sufficient amounts of food and drink to maintain their health and well-being. Where there were concerns about weight or food intake, support was being provided by the local Speech and Language Therapy (SALT) Team. Care plans contained clear guidance about the support required and any monitoring charts were filled in as required. Special diets were created by the chef in consultation with clinical staff. Lists in the kitchen showed those patients currently on special diets such as soft or pureed food. The chef told us that staff advised the kitchen on the variable needs of people with diabetes, depending on blood sugar levels on a daily basis. Food was available on demand and the menu was flexible to meet the needs and requests of individuals.

We observed a lunchtime meal. People were offered a choice of meals and those people who required assistance were supported by friendly and attentive staff. For example a lot of effort was put into encouraging people to eat with a range of optional meals and snacks being offered. One person who refused their meal was offered soup, sandwiches and scrambled egg before they settled on some ice cream.

Good

Is the service effective?

Most people told us they liked the food on offer. Comments included “The food suits me, if I don’t like it they will bring me what I want” and “Food is excellent, we get plenty to eat and drink.” However, one person told us “The food is nicely laid out but it’s bland, no taste, they don’t use salt.” We did note that condiments, such as salt and pepper, were available for people to use if they wanted.

Two people told us that they are not always ready for lunch at noon because they were slow eaters and had sometimes not long finished their breakfast.

We recommend the provider reviews the timing of meals for people that take time to eat so that food and snacks are provided at suitable intervals throughout the day.

Good

Is the service caring?

Our findings

People told us that the service was caring. Comments included "I think it's very good here, splendid, staff are very good indeed to me. I am very, very well looked after" and "[Staff are] always kind and considerate." The staff we spoke with also felt that there was a caring culture in the service. One staff member explained "I like working here. I love the environment, the residents and the staff. It is like a home away from home. No longer task orientated, we focus on the person and their feelings". A relative told us their family visited every day at different times. They were content their sister was being looked after properly and that there had never been any problems. Another relative told us they found staff caring and approachable. The explained how staff had provided them with a lot of support when they were worried about a person settling in. They described staff as being "Fab!"

Most of the people who used the service were living with dementia and we saw staff being attentive, patient and kind to the people they were supporting. Staff were tactile and affectionate where appropriate and people seemed to respond to well to this. Relations were easy and informal which went to create a homely and relaxed feel to the home. We noted that most staff chose not to wear a uniform which helped in creating an informal atmosphere. We observed staff display care, empathy and skilled interventions when people became upset or confused. One person told us "They [Staff] will do anything you want them to if it is in their power" and another person commented "The best thing about here is the staff".

People told us that their privacy was maintained and that staff treated them with respect. One person told us "They help me get washed and dressed and always treat me with dignity" and another person said "Respect…they couldn't do better". We observed that personal care was carried out behind closed doors and staff knocked before entering people's rooms. All the people we met on our visit were appropriately dressed and it was clear that staff had supported people to maintain their appearance.

Staff took time to involve people in any care and support. For example, at lunchtime a staff member was observed to kneel down to a person's eye level and gently ask them about what they wanted to eat. When providing care, staff spoke with people about what they were going to do before starting the task. One nurse explained to us that it was important to "Go into the world" of someone who was living with dementia in order to understand how they might be feeling and communicate more effectively. This was good dementia care practice and demonstrated how staff tried to involve people in a way they could best understand. People told us that they were able to do what they wanted during the day. One person said of the staff support, "They do it exactly how I want it, I'm in control but I am pretty easy going." Other people confirmed they could get up and go to bed when they wanted and had choices over the food.

Where people were receiving end of life care they were supported to be comfortable and treated with dignity. A visiting doctor confirmed this telling us "End of life patients are nursed very well". People were able to make choices about key areas of their lives, including end of life. One person told us "I've told them if I have another stroke to let me go and they have said they will follow my wishes". A 'Do Not Attempt Resuscitation' authorisation was in place for this person. We noted that for one person currently being supported, their family had been closely involved in any decisions that had to be made. The nursing treatment being provided for this person meant they were supported to be pain free and as comfortable as possible.

Good

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Person centred care is about treating people as individuals and providing care and support which takes account of their likes, dislikes and preferences. Care plans were detailed and included people's individual preferences for how they wanted to receive support. There was a personal history for each person which gave staff an understanding of their character and background. The manager explained that there had recently been a focus on reviewing all care plans and making sure they were up to date with all the required support information.

The care plans we looked at were up to date and reviewed as necessary. Areas covered included health, nursing needs, mobility, personal care and medicines. There was a clear picture of peoples' needs and how they were to be met. Staff members told us that care plans contained sufficient detail to provide effective and responsive care. People and their relatives were involved in reviews and that the service took appropriate action where changes in needs were identified. We were told about person who received nursing care in bed and who could often refuse to participate in or allow personal care. We saw that this person's care plan and risk assessments reflected this so that staff could respond appropriately to their mood.

There was comprehensive information in care plans about people's nursing needs and the support required. For those people that received end of life care there were frequent reviews of care plans to make sure that any changes in needs were identified and responded to promptly. Where people's mobility had deteriorated and they needed particular equipment to assist them we found the service had acted swiftly to get the equipment needed.

The home provided a range of activities for people, many of which were designed specifically for people with dementia. These included memory games, music, baking, cuddle therapy, and reminiscing. We noted that music was sometimes played in the lounge which people enjoyed.

There were activity coordinators on duty throughout the week. We spoke with one of them who came across as passionate and enthusiastic about their work and told us they were provided with a monthly budget to fund resources and outings which enabled them to plan their programmes ahead. The coordinator told us about the 'butterfly scheme' where people who were unable or unwilling to join in the communal activities were made known by a butterfly motif on their room doors. The coordinator said they engaged with these people on a one to one basis so they did not get left out. This was confirmed by one person who told us "[The coordinator] comes in to have a chat with me regularly. Those chats keep me alive, even if it is only family news".

People told us they knew how to complain and felt comfortable speaking to staff or the manager if necessary. The people we spoke with told us they had no current cause to complain about anything in the service. There was a clear record of previous complaints made which had been reviewed by the registered manager. Each complaint had been logged separately, and included details of the response made. The majority of complaints had been responded to in writing or in a face to face meeting. Appropriate action had been taken in response to any concerns being raised. For example a number of complaints had been received recently about the heating. A meeting was arranged with people and their relatives to discuss the concerns and how the situation could be improved. This had been reviewed to make sure action had taken place as agreed.

Good

Is the service well-led?

Our findings

Staff told us that they felt supported by management and that there had been improvements to the service over recent months. One visiting relative told us that the registered manager had "Pulled things together" recently and that staff were happier as a result.

We met with the registered manager and the area manager. They were open and responsive throughout the inspection. It was clear that there was good oversight of the service as well as awareness of areas that could be improved. For example, the registered manager talked about the environment and wanting to make it more 'dementia friendly'. A dementia specialist had recently visited the service and made a number of recommendations, for example, painting hand rails so they stood out more. This was confirmed by a member of staff who explained "Nothing stays the same. We move with the times. We try to look at how things can be done differently". They described a TV programme about a 'dementia village' which was shown to all the staff so they could see how to adapt it to bring it to the service".

There was a positive, caring culture at the service. Staff demonstrated a commitment to provide person centred care in line with the values of the service. Barchester Healthcare have a mission statement which makes clear the values of the organisation, such as ""We focus on an individual's ability and aspirations" and "We respect, support and strive to improve the communities we serve". The registered manager explained that these values were promoted during induction, as well as in yearly appraisals and through quality monitoring.

The area manager told us that the new Chief Executive of Barchester Healthcare wanted to promote engagement and quality, with a focus on valuing staff. They explained that this would inform priorities for the coming year. In particular they said that a staff survey carried out last year showed that a majority of staff would not recommend the service to a friend. The provider was looking into this to try to make improvements. Action taken so far included reviewing the induction programme and providing a mentor to newly recruited staff. Another staff survey was due to take place shortly when the situation would be reviewed.

There were good systems in place to monitor and improve the quality of care provided. As well as internal audits of care practice, such as medicines management, personalised support and infection control, there were regular visits from the provider to assess the quality of the service, including unannounced night time visits. We noted that the provider visit which took place in September 2015 identified the issue of agency use at night time as a concern. As a result they had considered new ideas for recruiting nurses. This demonstrated that quality assurance systems were effective at identifying any issues so that appropriate action could be taken.

There were opportunities for people to have their say about how the service was run as well as put forward any ideas. For example, at a recent resident/relative meeting people expressed some difficulty about recognising new members of staff. As a result a board had been put near reception showing all the staff on duty that day with their names and a photograph. There were also yearly surveys to gather the views of people who used the service and their relatives. A survey had recently taken place and the results were currently being assessed. The registered manager explained that a summary of the findings would be placed in reception for people to look at and that this would include details of any actions being taken as a result.