

Longley Hall Limited

Embracing Independent Lifestyles (EIL) - Thorn Mount Nursing Home

Inspection report

Thorn Mount
Leeds
LS8 3LR

Tel: 01133202937

Date of inspection visit:

28 September 2020

29 September 2020

30 September 2020

01 October 2020

05 October 2020

Date of publication:

30 October 2020

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Thorn Mount 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.

At the time of the inspection 36 people were using the service.

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

People told us the service provided good care which met their individual needs. They said staff were kind and caring. Relatives said they were confident their loved ones were safe and had the right support from staff.

People received care from an experienced group of staff which helped ensure staff were familiar with people and the risks they presented. Staff demonstrated a good understanding of the people they were supporting. Risks to people's health and safety were assessed and well managed. Medicines were managed safely. Staff followed safe infection prevention practices throughout.

There were enough staff to support people where required. Training was completed to support people's individual needs.

There was a visible staff team committed to delivering good quality care. A range of audits and checks were undertaken.

The service acted positively on the minor areas of improvement we suggested.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Rating at last inspection

This service was registered with us in April 2019 and this is the first inspection.

Why we inspected

This service had not been inspected since it was registered. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

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Detailed findings

Background to this inspection

The inspection

This was a focussed inspection.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector. A specialist advisor in Governance and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

We gave 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and also make arrangements to speak with people, relatives and staff by telephone after our site visit. This helped minimise the time we spent in face to face contact with the registered manager, staff and people who used the service.

Inspection activity started on 28 September and ended on 5 October 2020 We visited the service on 28 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, local safeguarding team 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke by telephone with four people who used the service and six relatives. We spoke face to face with the registered manager and deputy manager and by telephone with four members of staff. We spent time observing the environment and care and support people received. We reviewed three people's medicines records.

After the inspection

We reviewed a range of records. We reviewed most of the documentation remotely by asking the registered manager to send us key information after our site visit. We looked at a variety of records relating to the management of the service, including audits, policies, procedures, staffing and training information.

We continued to seek clarification by telephone from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We looked at risks around managing people's finances. We found these to be in place and appropriate policies and risk assessments actioned. Staff were aware of risks and took appropriate actions and followed people's care plans to ensure people were kept safe.
- Risks associated with people's care and treatment had been identified and risk assessments were in place to minimise risks occurring. For example, potential risks with the person's mobility or their hydration.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Checks for bed rails and fire equipment were carried out regularly and actions taken where appropriate.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they were confident any suspected abuse would be appropriately dealt with and told us they felt their relatives were safe. One person said, "I feel safe because I have been living here a long time."
- Staff were aware of their responsibilities in reporting any concerns to the registered manager or nurse on shift.

Staffing and recruitment

- Appropriate staff recruitment and pre-employment checks were in place.
- People and relatives told us there were enough staff and they were supported by a regular staff that knew them well. One relative said, "Absolutely enough staff about and always seem caring, not many agency staff as far as I can see." One person said, "All the same faces and enough staff when we need them."

Using medicines safely

- There were safe systems in place to support people in managing their medicines. Medicines, and records of medicines, were audited to ensure any shortfalls were identified, and any necessary action taken.
- Where people required medication on an "as required" basis, often referred to as PRN, there were protocols in place to guide staff when these medicines should be used.

Learning lessons when things go wrong

- The service had looked at a new finance policy which they had put in place to ensure people were protected from any financial abuse.
- We looked at accident and incidents and the prevention of re-occurrence. A record was kept of these which included any injuries sustained. However, we did not see any analysis detailing when and where falls

happened. We spoke to the registered manager about this.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We received positive feedback from people, relatives and staff about the management. One person said, "I know the manager, he's a bloke [name of manager], he's a nice guy and chats with us. If I was worried, I would speak with him." A relative told us, "I was introduced to the Manager and [staff member] who is the key worker, she is very good communicating with me." Staff told us they felt listened to and supported by the registered manager and staff team.
- There was an open and positive culture conducive to learning and improving care. Staff told us they felt part of a team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A range of governance systems and audits were in place to monitor the quality of service effectively. And all staff we spoke with were clear about their roles and responsibilities.
- Notifications were submitted to CQC as required for incidents such as serious injuries, deaths and police incidents. These are legally required to be sent to CQC so we can decide if there is a need to take any further action.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: 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 was committed to continually improving the service with the provider. They had effective audits and quality assurance systems in place. These had been implemented and covered all aspects of the service.
- The provider had a comprehensive set of policies and procedures. We saw these were up to date and regularly reviewed. We received the finance policy updated version after the inspection as requested this reflected current legislation and good practice guidance. These were readily available to all staff.
- Staff supervision and appraisal sessions also took place, presenting the opportunity for staff to discuss their work and receive feedback about their performance.
- The registered manager understood the requirements and their responsibilities under the duty of candour.
- Feedback was readily sort from people and staff. One person said, "We have residents' meetings, and they tell us about lockdown and what's going on, this is about once a month." A second person said, "We have

residents' meetings every two weeks; they keep us informed about what's going on and tell us about wearing masks and things like that. I am very happy living here." The registered manager was in the process of sending out surveys to relatives of people in the home.

Community links; Working in partnership with others

- The registered manager told us "With regard to Support from wider organisations/networking This has been difficult during the Corona virus Pandemic. We started to meet with one of our competitors in Leeds and social work team to discuss reaction to corona virus and were due to meet again on Tuesday this week, but the latest restrictions imposed meant that we were unable to do so. Our intention is to arrange telephone conference or zoom meetings. Even this is difficult with social workers working remotely from home. We attend the Working Age adults' forums as and when they recommence."