

Thorpe Wood Care Homes Limited

Thorpe Wood Care Home

Inspection report

Earlham Road
Peterborough
PE3 6TN

Tel: 01733303774

Website: www.peterboroughcare.com

Date of inspection visit:
12 December 2019

Date of publication:
08 January 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

Thorpe Wood Care Home is a care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection.

Thorpe Wood Care Home can accommodate up to 50 people across four separate households, each of which has separate adapted facilities. One of the households specialises in providing nursing care to people who require this level of support. Although at the time of this inspection nursing care was not being provided to any of the people using the service.

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

People who lived at Thorpe Wood Care Home felt happy and safe at the service. One person said, "I feel safe as this is my home."

Staff knew each person well. People's views were respected and they, were happy living at Thorpe Wood Care Home. Relatives trusted the staff team to look after their family members.

Staff delivered care and support that was personalised and responsive to people's likes, dislikes and preferences. Staff were kind, caring and motivated and people, their relatives and an external professional were complimentary about the care provided. Staff respected people's privacy, dignity and independence and encouraged people to lead their life in the way they wanted to. Peoples views were respected.

Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.

Sufficient numbers of staff were employed to meet people's needs. Staff were knowledgeable and skilled to provide care to each person. Staff had undertaken training in a wide range of subjects relevant to their role and were encouraged to develop further.

People were supported to maintain good health. Staff made referrals to health professionals when required. People were provided with the care, support and equipment they needed to stay independent. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People had access to food and drink based on their individual choice and preferences. People were offered a range of activities to do, in groups or based on their own interests. Staff were developing numerous links with the local community. Any concerns were listened to and addressed, and people's wishes were taken into account as they approached the end of their life.

Care plans guided staff to provide support that met people's needs and in line with their preferences.

Systems were in place to monitor the service, which ensured that people's risks were mitigated, and lessons were learnt when things went wrong. There was an open culture, where people and staff could approach the registered manager if they had any concerns.

The service was well-led by a registered manager who inspired the staff team to put the people they were supporting at the heart of everything they did. The provider's values were put into practice by the staff and governance systems ensured the service provided was of very high quality. People, their relatives and staff were involved in improving all aspects of running the service and their voices were heard.

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

Rating at last inspection

This service was registered with us on 12 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection methodology

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 caring.

Details are in our caring 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.

Thorpe Wood Care 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 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

Thorpe Wood Care Home 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.

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 looked at information we had received about the service. 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 with 10 people who were living at Thorpe Wood Care Home, five people's relatives, and a visitor about their experience of the care provided. We spoke with five members of staff including two care workers,

a senior care worker, a member of the housekeeping team and an activities team member. We also spoke with the registered manager, the administrator, two of the company executives and a visiting health professional.

We looked at a number of records. This included two people's care records and multiple medication records; three staff files in relation to recruitment, training and supervision; and records relating to the management of the service such as meeting minutes, accident/incident records and audits.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Thorpe Wood Care Home. One person said, "I always feel safe as there is always someone about." A relative told us, "Before my [family member] would wander out the house (before coming to the service) but now they can wander round the home here and there is always someone about to keep an eye on them."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns. One member of staff told us, "I would always report to the management team. If no action was taken, I would ring the local authority or CQC".

Assessing risk, safety monitoring and management

- Risk assessments had been undertaken for people as part of the care planning process. These included the person's risk of falling, risk of acquiring pressure sores and any risks relating to eating, drinking and weight loss. Guidance was in place for staff so that risks were minimised.
- Maintenance staff undertook regular checks of all equipment and systems in the service, such as the fire safety system, to make sure people, staff and visitors to the service would be safe.
- Staff had completed a personal emergency evacuation plan for each person so that staff and/or the fire service would know how to support people in the event of a fire. All staff had received fire safety training.

Staffing and recruitment

- People and their relatives, as well as the staff, told us that there were enough staff on duty to meet their needs and keep them safe. One person told us, "There are enough staff, I'm really happy here, it's ever so nice and no-one bosses me about" A relative said, "Sometimes when we bring [family member] back about 8pm on a Sunday night there aren't many staff about but we always find someone and they always make a hot drink and offer them cake."
- The registered manager told us they were looking at how staff were deployed, to make sure that there were enough staff available to meet people's needs at the busiest times of the day, such as when people wanted to get up or go to bed.
- The provider's recruitment process ensured, as far as possible, that new staff were suitable to work at Thorpe Wood Care Home. A member of staff told us about the pre-employment checks that had been carried out, such as references, proof of identity and criminal records checks through the Disclosure and Barring Service. They said, "I wasn't allowed to start until [all the checks] were carried out and they were satisfactory."

Using medicines safely

- Medicines were managed safely so that people received their medicines as the prescriber intended. One person said, "[Staff] always give me a drink with my medication as it helps me swallow them better." Another person told us, "I don't have medication but if I had a headache I would ask a member of staff for something."
- Staff kept accurate records of all medicines ordered, administered and disposed of. Medicines storage was appropriate.
- Protocols in place for medicines prescribed to be given 'when required' safely needed some additional information to give staff full information on how they were to be given. We discussed this with the registered manager who immediately addressed the issue.
- Staff undertook training and had their competency checked on an annual basis. Regular audits were conducted, and action taken when appropriate.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were aware of their responsibility to keep people safe from the spread of infection. They used gloves and aprons appropriately.
- The service was spotlessly clean and smelt fresh throughout.

Learning lessons when things go wrong

- Staff recorded any incidents or accidents. The management team analysed these and discussed any learning with all staff at relevant meetings.
- Staff involved in any errors with medicines were fully re-trained and their competence re-assessed to prevent further errors.

Is the service effective?

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.

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

- People's needs were thoroughly assessed before the registered manager offered them a place at the service. This helped ensure that people's needs could be met.
- The management team ensured staff delivered up to date care in line with good practice. They also ensured the service provided equipment to enhance people's care and promote independence.

Staff support: induction, training, skills and experience

- The provider had processes in place to ensure that staff received all the training they needed so that they could do their job well. New staff received a two-week induction. This included face-to-face and on-line training, as well as shadowing an experienced member of staff. A member of staff told us, "There is lots of training, and we undertake regular refresher training. It's good to remind you of new good practice."
- All staff received training. This included safe-guarding, Mental Capacity Act, dementia awareness, fire safety and moving and handling.
- Staff felt very well supported by the provider, the management team and all their colleagues. All staff received regular supervision from their line manager and were encouraged to attend staff meetings. They knew they could speak with any of the management team at any time. One staff member said, "We all receive supervision, it is two way and we can ask questions and get feedback."

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

- People had enough to eat and drink. People were mainly positive about the food with comments including, "the food is ever so good" and "the food must be good because [family member] has put on some much needed weight, they wouldn't eat something they didn't like."
- Staff supported people to choose the meals they liked and assisted those who needed help to eat. The chef provided alternative choices for example, omelette, jacket potato and sandwiches if people did not want the meal of the day.
- Special diets were catered for and staff were fully aware of people who were at risk of not eating or drinking enough. The service provided their own fortified drinks to ensure they were high in calories.
- There were kitchenettes on each of the households, so people could help themselves to drinks and snacks whenever they wanted to. The café in the service's foyer offered drinks and snacks to people, their relatives and any other visitors to the service.

Staff working with other agencies to provide consistent, effective, timely care

- An external professional was very pleased with the way the whole staff team welcomed them into the service and worked with them. They told us, "The staff have been more than happy to follow up on guidance

I have given them." They also told us of the excellent communication between them and the staff.

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

- Thorpe Wood Care Home was a brand-new, purpose-built service, with a wealth of well-designed features. For example, as well as the café, there was a cinema room, activities room and a hairdressing salon. There was bar on the first floor. The garden was accessible from various doors and included a greenhouse where people could do some gardening, a raised pond with a fountain and there were raised flower beds.

Supporting people to live healthier lives, access healthcare services and support

- Staff knew people very well and could recognise when they were not well.
- A range of healthcare professionals supported people to stay as healthy as possible. One external health professional told us, "Staff communicate fantastically and always report any concerns and seek advice where appropriate." A person said, "Staff will get the doctor out if I need one."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. One member of staff said, "We always assume capacity, most people are able to make some of their day to day decisions. We spend more time with some people who need longer to make choices. We may need to use the picture cards."
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

- Staff were very passionate about their jobs. They treated people well and demonstrated that people were at the heart of everything they did.
- Staff were fully encouraged to give people the time they needed. One member of staff said, "Our job is about caring for the residents, and that includes spending time with them."
- People and their relatives were complimentary about the staff. Comments included, "The staff are really caring, if they see me struggling they always ask if they can help support me," "the staff here are really caring, it's only my second visit and I much prefer it to the other home I went to, staff here are really good" and "I'm very happy with the care [family member] gets here" and "I'm always being reminded by staff to make myself a drink if I want one."
- Staff and the people clearly enjoyed each other's company, as we heard lots of conversations and chatter throughout the day.

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

- Staff supported and enabled people to be involved in decisions about their care and to express their views about what went on in the service. Staff knew people well and knew how to support each person in the way they preferred.
- Relatives and the external professional made positive comments about the welcoming, relaxed, friendly atmosphere they found every time they visited.
- Staff signposted people and their relatives to sources of advice and support or advocacy; they provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged and supported people to retain their independence and make choices, in every aspect of their lives. A person said, "I choose where to sit at mealtimes and it's my choice not to join in activities" Another person told us, "The staff always ask me if it is okay to move me, they always knock on my door if they want to come in." A third person said, "I can shower on my own, but staff are always close by, but they respect my privacy." A member of staff told us, "We let people do as much as they can do then help with what they can't."
- Staff made sure any discussions about people were held in private. They stored care records securely so that people's confidentiality was fully maintained.

Is the service responsive?

Our findings

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

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

- The provider used an electronic system for care planning and each person had a care plan in place, supported by relevant risk assessments. As this was a new service, care planning was constantly under review and development. Some care plans were lacking in a few details, such as cross referencing to where to find additional information. However, staff knew people very well. The registered manager and provider agreed to address this shortfall.
- Progress notes were written several times a day so that all staff knew the care each person had received.
- Relatives told us they were kept fully updated on their family member's care. One relative said, "I got contacted by the home to say that [family member] had a medical issue, I said I would come in and get it sorted but they said they had already dealt with it." Another relative told us, "The home got in touch to say they thought [family member] might have an infection, they didn't but I like the way they keep me informed."

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.

- Information for people was available in different formats such as large print and pictorial prompts. This meant information was given to people in different ways to enable their understanding.
- People's communication needs were identified, assessed and recorded in their care plans and staff told us how they used body language or signs as a means to know if non-verbal people might need support.

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

- Staff took time to find out about each person, including their likes and preferences so that they could introduce them to other people who they might like to spend time with. They spent time chatting to families and getting to know them, which let families know they were as important as the person themselves. A small group of people enjoyed getting together to knit and natter.
- The activities team organised a very wide range of activities for people to get involved in. These included chair exercises, games, and arts and crafts. One person told us, "I don't like the group activities, but I do get to play cards which I like." One relative said, "The staff encouraged my [family member] to be independent and they join in with activities, they have got a lot more confident now and they aren't depressed like they were at home."

- Staff also take people out into the community. One person said, "I go on trips out, into town and to other (care) homes and my relative is allowed to come with me if they want."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which was displayed. No one we spoke with had any complaints. One person said, "I know good care when I see it and the care here is fantastic."
- The management team had an open-door policy. There was management cover at the weekends so that there was always someone that people or their visitors could talk to.

End of life care and support

- People had an end of life care plan in place. At the time of the inspection, no-one was receiving end of life care.
- The staff team told us that they would ensure people's wishes were fulfilled at the end of their lives as much as possible.
- The service's ethos was that people should be able to die in the service if that was what they wanted.

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

- People were very happy living at Thorpe Wood Care Home and they and their relatives were satisfied with the service being delivered by the staff. One visitor said, "It's fantastic, all the staff are friendly, even the catering staff come and chat"
- Staff were very happy to be working at Thorpe Wood Care Home and several of them who had worked in other care settings told us this was the best place they had worked at. One member of staff said, "It's a great place to work and very family orientated." and another told us, "It's really nice here. I would certainly put a relative here if they needed any care."
- The health professional made positive comments, including "The atmosphere here is very welcoming. Everyone is smiling and cheerful" and "The staff are really supportive and kind."

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 staff team had developed a culture of openness, transparency and honesty. They shared everything, which included any mistakes that had been made. They had contacted families when appropriate to ensure people who needed to know did know. Relatives confirmed the communication from the staff was excellent.

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

- There was a registered manager in post. They provided very strong leadership and engaged all team members in the running of the service. They operate an open-door policy to be readily available and visual to the team.
- Staff liked and respected the registered manager. One member of staff told us, "I really like [name of the registered manager]. She's very straightforward, a fantastic manager."
- The management team carried out a range of audits, which were entered onto a computer programme that was monitored by the provider's head office staff. Any shortfalls found by the audits were included in an action plan, with clear timescales and responsibilities.
- The registered manager understood their legal responsibilities, such as notifying the Commission of important events that happened in the service.

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

- The registered manager positively encouraged feedback, acting on it to continuously improve the service.
- The provider had several ways in which people, their relatives, external professionals and other visitors could be involved in the running of the service. Residents' and relatives' meetings took place and written surveys were sent out. One relative said, "We can't make the residents' meetings, but [name of registered manager] always asks if there is anything we would like raised."

Continuous learning and improving care

- The management team were developing a culture of learning and improvement.
- The registered manager kept up to date with current research and good practice, which they cascaded to staff to ensure people were given the best possible care and support.

Working in partnership with others

- The management and staff team were developing a wide range of strong links and partnerships with other professionals, organisations and others outside the service. For example, they have forged strong links to Princes Trust, St Botolph Church, Pet Therapy and the local schools.
- A local pre-school was visiting on the day of the inspection, they were singing Christmas carols with people. This partnership benefitted both the school and the service. As well as people clearly enjoying the contact with the children. One member of staff told us, "I love it here, I'm enthusiastic someone mentions something that they might like to do and it plants a seed and I try to do it, this job is brilliant."