

Rushcliffe Care Limited

Thornham Grove Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Thornham Grove Care Home provides care and support for up to 34 older adults, including people with dementia care needs. At the time of our inspection there were 30 people using the service. The home is separated into four units and there is a day centre on the premises which people using the service can access, as well as people from the local community.

At the time of our inspection the registered manager was no longer working at the home. 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. The provider had appointed a new manager and we saw evidence that they were in the process of submitting an application to become the registered manager.

Our previous inspection of 24 October 2013 found the provider had met all the regulations we inspected.

People we spoke with told us they were satisfied with the care and support provided. They had developed good

Summary of findings

relationships with their care workers and told us they were treated with kindness and respect and felt safe using the service. Relatives we spoke with confirmed this. Some people told us that staff did not always have enough time to interact with them but confirmed that their care and support needs were met at all times. We discussed this with the manager.

We saw that people were well supported by a staff team that understood their individual needs. We observed that staff were friendly, kind and treated people with respect. The home had a warm and welcoming atmosphere and staff we spoke with had a good understanding of people's needs and told us they enjoyed their roles.

The provider was not meeting the requirements of the Mental Capacity Act 2005. Where people lacked mental capacity to consent to their care and support the proper procedures to ensure decisions were made in people's best interests had not been followed.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before staff started work. Staff received a thorough induction and on-going training to ensure they had up to date knowledge and skills to provide the right support for people. They also received regular supervision and appraisals in line with the provider's policy. Staff told us they were well supported by the manager and provider.

Staff had received training on how to keep people safe from harm, however, care staff were not always aware of whom to report concerns to outside of the provider organisation. We discussed this with the manager. The manager and senior manager had a good understanding of the local procedures in responding to and reporting allegations of abuse and had ensured that these processes had been followed when required.

The premises and equipment had been well-maintained and were safe for people who lived there. Medication was safely stored and administered by trained staff.

People's needs were assessed and plans were in place to meet those needs. Staff understood what people's individual needs were and acted accordingly. Risks to people's health and well-being were identified and plans were in place to manage those risks. People were supported to access healthcare professionals whenever they needed to and healthcare professionals we spoke with were positive about the quality of care being provided. People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was provided.

The manager was clear about the values and aims of the home and was committed to improving the quality of service provided. Staff, relatives and people who lived there told us the manager was approachable and were confident that any concerns or issues they raised would be dealt with appropriately.

There were effective systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided.

We found the provider was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

People felt safe and there were systems in place to protect people from the risks associated with medicines and to respond to allegations of abuse. Staff had been properly recruited and the premises were well-maintained.

Good



Is the service effective?

The service was not always effective.

The provider was not meeting the requirements of the Mental Capacity Act 2005. Where people lacked mental capacity to consent to their care and support the proper procedures to ensure decisions were made in people's best interests had not been followed.

Staff had the skills and experience they needed to meet the needs of those in their care. People were provided with a balanced diet which met their individual needs and their health had been monitored and responded to.

Requires Improvement



Is the service caring?

The service was caring.

People told us care staff supported them appropriately and were kind and respectful. Our observation showed staff considered people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Good



Is the service responsive?

The service was responsive.

People were encouraged to make their views known about the service and were encouraged to do this. Staff responded to people's comments and encouraged people to engage in activities, hobbies and interests that were important or relevant to them. Complaints and concerns had been appropriately responded to.

Good



Is the service well-led?

The service was well-led.

The service was well managed and staff were clear about their roles and responsibilities. Robust auditing and quality assurance systems were in place.

Good



Thornham Grove Care Home

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 checked whether the provider was 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.

Two inspectors carried out an unannounced inspection of home on 14 November 2014. We spoke with five people who used the service, three relatives and five members of care staff working at the service. We also spoke with the manager and senior manager.

Some of the people using the service had dementia and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences people have we used our SOFI (Short Observational

Framework for Inspection) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences. Some people using the service were able to tell us about their experiences and we also spoke with people's relatives.

We reviewed a range of records about people's care and how the home was managed. This included four people's plans of care, four staff records and records in relation to the management of the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is 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. Before our inspection, we reviewed the information included in the PIR along with other information we held about the service.

Is the service safe?

Our findings

We spoke with people using the service and asked them if they felt safe at the home. None of the people we talked with had any concerns about their safety. They were happy with the home and told us that the staff were respectful and treated them with dignity.

The manager was aware of local procedures for reporting allegations of abuse. We saw examples of where appropriate action had been taken by the manager in the reporting of concerns about people's safety and welfare. This meant that people were better protected from the risk of abuse because the manager had taken appropriate action to safeguard those they supported. Staff we spoke with told us they received regular training about how to protect people from the risk of abuse and records we looked at confirmed this. However, some care staff we spoke with were not always clear about who they would report safeguarding concerns to outside of the provider organisation. We raised this with the manager and senior manager during our inspection who said they would address this immediately with the staff team.

We looked at people's care records and found they included individual risk assessments which identified potential risks to people's health or welfare. Risk assessments recorded these risks and any action that should be taken to minimise the risk. For example, we found that risk assessments were in place where people were at risk of falls or developing pressure sores and these detailed action staff should take. Staff had a good understanding of people's needs, including any individual risks and so were aware of how to provide care and support in the safest way.

Any accidents or incidents that had occurred, such as falls, had been recorded by staff. These were then reviewed and analysed by the manager to see if any changes or action should be taken to prevent future occurrences.

The home had specialist equipment available, such as hoists and wheelchairs, to keep people using the service safe. We found that equipment had been appropriately maintained and staff had received training in how to use the equipment. The home had been well maintained and

the premises were safe for the people who lived there. Records showed that the manager regularly undertook checks and audits in relation to health and safety which ensured the premises were safe.

Three of the five people we spoke with told us they thought that there could be more staff on duty at the home. One person said, "I'm happy here. Staff are nice but I would like to be with them more. You don't see them much." Another person told us, "They could do with a few more staff." A relative told us, "Sometimes there is not enough staff. If someone goes off sick they're in dire straits. They've only just got enough staff."

However, all people we spoke with told us they did not have to wait to have their care and support needs met and were confident that staff would assist them when they required. One person commented, "I get looked after well. I've got a buzzer. I only have to press it and someone comes straight away."

Two care workers we spoke with expressed similar concerns about staffing levels and said that, at times, they could benefit from more staff. One staff member said, "We could do with more staff. We meet people's needs but it's busy." Another staff member told us, "On some occasions it would be nice to have a floater. But nine times out of 10 it's fine." We discussed these comments with the manager and senior manager at the time of our inspection. They told us they had enough staff to meet the needs of people but agreed to review this based on the comments we had received. We were told that if a staff member was sick then they always tried to cover with additional staff wherever possible.

However, all staff were confident that people's needs were being met promptly, effectively and safely. Throughout our inspection we observed this to be the case. We saw that people's needs being met promptly and safely by the care staff and call bells and other requests for support or help were responded to immediately. We looked at staff rotas for the week of our inspection and found staff had been allocated to work across a 24 hour period in line with the provider's quota of staffing levels.

We looked at staff records and found that appropriate checks were undertaken before staff began working at the home. Records showed pre-employment checks had been carried out, which had included the completion of an application form, the seeking of two written references,

Is the service safe?

carrying out a police check and confirmation of their identity. This meant people using the service could be confident that staff had been screened as to their suitability to care for the people who lived there.

We observed a medication round during our inspection and reviewed people's medication records. We found that people's medication was being safely managed, administered and recorded at the service. Medication records were accurate and completed as people's medication was given to them. We looked at how medication was received and stored at the service and found that systems were in place to ensure that medication was stored and handled safely by staff who were trained to

do so. There was a dedicated room for the storage of medication and we checked levels of stock against the recorded quantities. We found that all medication, including controlled drugs, were being managed safely and securely at the service.

People had a medication care plan. This detailed the medication prescribed to them, the dosage, and the reason for the medication. Staff that were responsible for the administration of medication had completed training in the safe handling and administration of medication. The manager also carried out regular audits of the medication stored at the home to ensure it was managed and administered in the safest way.

Is the service effective?

Our findings

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Records we looked at showed that where people lacked capacity to make a decision about their care or support, the proper procedures had not been followed. Although we found that mental capacity assessments had been completed these had not been carried out consistently or accurately. For example, one capacity assessment we looked at deemed the person lacked capacity but did not specify the decision being taken. The service had also not established, or demonstrated they were acting in accordance with the best interests of the person. This meant that the provider had not followed key principles of the MCA and so did not always ensure that people's legal and human rights were upheld.

We spoke with staff about the MCA to check their training and understanding in this area. Staff were not clear about the requirements of the MCA and their roles and responsibilities. Some staff had not received training in this area and were not clear on the procedure if someone may lack the capacity to consent to their care. We discussed this with the manager during our inspection and they agreed they could make improvements in this area. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people did have the capacity to consent to their care, we could see no evidence of their consent being recorded within their care plans or that their care and support needs were discussed with them on an on-going basis. However, we did see staff offering people choices during our inspection and observed them to gain people's verbal consent before delivering care to them.

There were no people deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) at the time of our inspection. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

The manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty and understood the processes involved.

People we spoke with told us they received the care and support they required. They were complimentary about the service and felt staff understood their individual needs. Relative told us their family member was well-supported and cared for by staff at the home and had no concerns about the service.

We found that staff had a good understanding of, and were knowledgeable about people's individual needs. They were able to tell us about people's care and support needs, preferences and likes and dislikes which was consistent with what was written in people's plans of their care.

We found that people's needs had been assessed and care plans were developed to meet their identified needs. Care plans were individual to each person and contained sections about people's health and support needs. We found that people's medical conditions had been taken into account in the way their care was delivered. These records gave staff clear and detailed guidance about how people's care should be delivered to ensure their health and well-being.

Records showed that staff monitored and responded to people's changing health needs when required. For example, when appropriate we found that referrals had been made to relevant health professional; records were kept of their advice and incorporated into people's care plans. We saw evidence that support was available for people to attend GP or hospital appointments should they require a staff member to accompany them. Other records showed that people had been supported to see health professionals such as dentists, opticians and chiropodists. On the day of our inspection we saw the manager telephoning a GP to discuss someone's health and they followed the advice promptly. This demonstrated to us that people's health needs were effectively monitored by staff at the home.

We look at the food and drink people were offered during our inspection and observed the lunchtime meal. People had been supported to choose their meal and we saw the

Is the service effective?

meal was freshly prepared, nutritious and nicely presented. Staff provided appropriate support to people who needed assistance with their meal whilst encouraging people to be as independent as possible.

People always had a cold drink in front of them and a choice of hot drinks were offered regularly throughout the day. We spoke with a member of kitchen staff who showed us the menu in place at the service. We found that there was a nutritious choice of food offered to people each day. People were given sufficient quantities of fresh fruit and vegetables and we found that food was made fresh on the premises wherever possible. People told us they were happy with the food at the service and enjoyed their meal. One relative we spoke with told us that the kitchen would offer any alternatives if people did not like what was on offer on that day. They said, "If she didn't want a sandwich at night they'd do her anything."

All staff we spoke with showed a good understanding of people's nutritional needs and preferences. Records we

looked at identified whether people were at nutritional risk and detailed action staff should take to mitigate these risks. We also found that advice from health professionals in relation to people's eating and drinking had been acted on by staff at the home. This meant that people had effective support in relation to their nutritional needs.

Staff told us that they felt supported and that they received training in key areas of delivering safe care. They confirmed to us that this training was refreshed and up-dated. One staff member told us, "I love it. I've always loved it. The manager's lovely and we all work as a team." Staff told us they felt competent in their roles and that they could go to the manager if they had any issues.

Records we looked at confirmed that staff had access to a variety of training and regularly received support through the use of supervisions, an annual appraisal, competency checks and team meetings. This meant that staff had been supported to deliver effective care that met people's needs.

Is the service caring?

Our findings

We spoke with five people who used the service who were able to tell us about their experiences of the care provided at the home. All of the people we spoke to told us that staff were kind and that they treated them with respect. One person said, “The [staff] are great.” Another person told us, “I love it. I am more than happy. The staff are great – they are all my friends.” Another person using the service commented that, “They do their best to please us. The girls are always nice. They never get annoyed with you.”

Relatives were positive about the care delivered by staff. One relative commented, “I can’t sing its praises enough. She’s so settled here and the girls are lovely with her.”

We found that the home had a positive and welcoming atmosphere and staff were friendly and approachable. We observed staff delivering care which met people’s individual needs and which supported them in a respectful and appropriate way.

We spent 30 minutes observing people in one of the communal lounges. Although some of the people we observed had little interaction from staff we did observe positive interactions from staff who appeared to know and

understand people’s needs well. Staff supporting people knew what assistance people needed, for example with drinking, and they respected their wishes if people wanted to manage on their own. We saw people given choices about where they spent their time and we observed people being treated with respect. Staff were mindful of protecting people’s dignity and privacy when carrying out personal care tasks.

People we spoke with felt their individual needs were being met and that staff understood what they required. Records showed that people’s individual needs, wishes and preferences had been sought and recorded. We found that staff asked people how they would like their support to be provided and asked for their consent.

We spoke with staff who were able to give us examples of how they respected people’s dignity and privacy and acted in accordance with people’s wishes. The manager told us they were completing a dignity challenge and staff had also been enrolled on course to become ‘dignity champions’. This would give named staff the role of promoting dignity and improving practice within the home. We found people were cared for by staff who treated them with respect and maintained their dignity.

Is the service responsive?

Our findings

We spoke with people who used the service about how they were involved in their care plans and the care delivered to them on a daily basis. Some people expressed concern that there was not a great deal to do at the service if you did not wish to use the day centre located on the premises. People also commented that staff did not always have the time to spend with them. One person told us that, “You don’t see them much.” They went on to say that due to staff numbers there was not the opportunity for staff to sit and talk with them. Another person told us that they felt there was little on offer in terms of days out or opportunities to access the local community.

We spent 30 minutes observing some people in one of the small communal lounges. Many of the people we observed were asleep or engaged in very little activity. We observed these people sitting for periods of time with little or no stimulation. We also observed staff members asking them if they would like to take part in any of the activities happening at the home during the day and encouraging their involvement. These people made the decision not to take part in what was happening.

People had the opportunity to use the day centre within the home and staff actively encouraged people to join in the activities and asked them about their hobbies and interests and what sort of activities or events they would like to participate in. All people who did use the day centre told us they enjoyed their time there and we saw people were happy and engaged on the day of our visit. These people felt there was a good range of activities on offer and said they had been asked about the sort of things they would like to do. We saw that staff had the time to speak with and interact with people in the communal area where the daycentre took place. Staff had taken the time to find out about what things all people who used the service enjoyed and offered a variety of activities and events to people. Some of these included quizzes, poetry and bingo. There had also been trips out to the zoo and evening entertainment. Events and activities were also being planned for Christmas and people had been involved in these plans.

We observed that staff promoted people’s independence at all times and we saw this was the case during meal times. People’s care plans were clear about what tasks people could do independently and where they needed support and staff were aware of the importance of promoting and supporting people’s independence.

We found the provider carried out a regular satisfaction survey which asked for feedback from people who lived at the home and their relatives and representatives. We looked at the results of the last survey and found they were positive. Where comments for improvements had been made we saw that this had been responded to. For example, one person asked to attend a religious service and this had been arranged by the home. The manager had held regular relatives meetings and had recently set up a weekly ‘surgery’. This gave people a regular opportunity to comment on their care and the service provided and demonstrated that the provider had systems in place to involve people in the running of the service.

Records contained information about the person’s life and social history. This meant that staff had access to important information about the person that would assist them to meet their individual needs. Staff we spoke with told us about the positive relationships they had developed with the people they cared for and were able to tell us about people’s individual preferences and needs. All staff we spoke with understood the importance of acting in accordance with people’s wishes, needs and preferences. Care workers we spoke with were able to describe what people’s individual needs were, including people’s likes, dislikes and how they wanted their care and support to be provided.

An appropriate complaints policy was in place. We looked at the complaints log and found that complaints and concerns had been responded to promptly and appropriately in all cases and suitable action had been taken when required. None of the relatives we spoke with had needed to complain about the care being delivered at the service. However, they all told us that they would have no hesitation in approaching the manager should they need to and they were confident that their concerns would be dealt with appropriately. One relative said, “The manager is extremely good.”

Is the service well-led?

Our findings

People using the service were happy with the staff team and were complimentary about the manager. They told they would not hesitate to talk with the manager or staff if they had any concerns.

Staff we spoke with were all positive about working at the service and they all described being supported by the manager. One staff member told us, “It’s brilliant...I love the job”. Staff felt that they worked together effectively as a team and that they could address any issues with management should they need to.

Staff were able to describe the aims and objectives of the service which centred on people having choices and being able to maintain a good quality of life. One staff member told us that the aims of the service were, “Maintaining a good quality of life for the residents. It is, after all, their home.” Another staff member talked about the aims being, “To make residents comfortable and keep them happy.” Our observations and conversations with the staff team showed that staff understood the provider’s vision and values for the home.

We spoke with the manager who had recently been appointed. We were told about, and saw evidence of, the

improvements they had made in the home and their aim to improve the quality of care being provided. One particular area the manager was keen to enhance was the experiences of people with dementia.

People who used the service were encouraged to share their views in residents meetings, through the use of questionnaires and in the recently introduced ‘surgery’ with the manager. We found that people’s views, comments and concerns had been appropriately considered and responded to by the manager and senior manager.

We found the provider had an effective quality assurance system in place to ensure the risks to people were being assessed, monitored and responded to. These included regular reviews and audits of people’s care plans and risk assessments, audits of staff training, supervision and appraisal and regular competency checks of staff performance. In addition the manager and senior staff carried out regular audits. These included health and safety audits, incident and accident audits and medication audits. Wherever issues or problems were identified it was clear what action had been taken to resolve issues. This meant that people living at the home could be confident that the quality of service provided was being monitored and responded to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>Where people did not have the capacity to consent, the service had not acted in accordance with legal requirements.</p> <p>Regulation 18 (1) (b) (2)</p>