

## Leicestershire County Care Limited

# Thurn Court

### Inspection report

Thurncourt Road  
Thurnby Lodge  
Leicester  
Leicestershire  
LE5 2NG

Tel: 01162413126

Date of inspection visit:  
10 August 2017

Date of publication:  
19 September 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 27 February 2017. Three breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection on 10 August 2017, which was unannounced. We checked whether they now met the legal requirements. This report only covers our findings in relation to 'Safe', 'Responsive' and 'Well-Led'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thurn Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Thurn Court is registered to provide residential care, without nursing up to 44 older people, with some of the people living with dementia. At the time of our inspection there were 39 people using the service. The service is located within a residential area and provides accommodation over two floors.

Thurn Court had a registered manager. 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.

We found there were sufficient numbers of staff available to meet people's needs. People told us staff were responsive and that they received personalised care that met their needs.

Care plans focused on all aspects of people's care needs, including their choice of lifestyle, their preferences and hobbies. Staff had a good understanding of people's needs and provided care and support that respected their wishes. Care plans were regularly monitored and reviewed.

The registered manager provided leadership. There was one area in need of improvement. The provider's latest CQC rating was not displayed and inspection reports were not available. This is a legal requirement. The registered manager said they would address it.

We found improvements had been made to the provider's governance system. People's views and the opinions of their relatives and staff were sought in a number of ways. A range of audits were carried out to monitor and improve the quality of the service provided. The area manager representing the provider monitored the progress of improvements to help ensure they were sustained.

## 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.

There were sufficient numbers of staff to provide care and support to people when they needed it.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs.

### Is the service well-led?

Good ●

The service was well led.

The registered manager provided leadership and mostly met their regulatory responsibilities as the CQC rating was not displayed. Staff were supported and understood their roles and responsibilities. People and staff were involved or had opportunities to be involved in the development of the service. There were effective systems in place to monitor and improve the quality of the service provided.

# Thurn 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 to check that improvements planned to meet the legal requirements after our comprehensive inspection of 27 February 2017 had been made. These related to staffing, providing person centred care and good governance being met.

We inspected the service against three of the five questions we ask about services. Is the service safe? Is this service responsive? And Is this service well-led? This is because the service was not meeting three legal requirements.

We undertook an unannounced focused inspection of Thurn Court 10 August 2017. The inspection was undertaken by an inspector.

Before our inspection visit we looked at all the information we held about the service and the notifications. A notification is information about important events which the provider must tell us. We looked at the action plan we had been sent, which outlined how the planned to meet the legal requirements.

We used a variety of methods to gain people's views about the service. We spoke with four people using the service and a relative. We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care because many people using the service were living with dementia and could not tell us about their experience in using the service.

We spoke with the registered manager, area manager, two senior carers and three members of the care staff team. We spoke with a visiting social worker and a healthcare pharmacy commissioner to obtain their views about the service. We looked at records relating to how staffing levels were determined and staff rotas. We looked the relevant parts of four people's care records to see whether they received personalised care that met their needs. We also looked at records as to how the provider monitored the quality of service, which included minutes of meetings for people who used the service and staff, complaints and quality audits.

# Is the service safe?

## Our findings

At our previous inspection of 27 February 2017 we found people's safety and welfare was compromised and their needs not met in a timely manner as there were insufficient staff on duty to meet their needs. We issued a requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. The provider sent us an action plan which outlined the plans to meet the legal requirement.

At this inspection we found improvements had been made and have reviewed and revised the rating for this key question.

People told us that there were enough staff to meet their needs. Their comments included: "Staff come quickly if I press the buzzer. The longest I've had to wait is about three or four minutes"; "I've been known to wait probably an hour in the mornings before but it's a lot better now. I would say five to ten minutes;" and "There's not much sitting around at lunch time either, they [staff] start serving the meals at lot quicker."

During the visit we saw that a member of staff remained in the lounges most of the time or were close by. This meant that staff could assist people when they needed it. When a call bell was rung, we saw two staff members checked the electronic unit to see who had called. One staff member remained in the lounge, whilst the other staff member went to see to the person. This was done in a coordinated manner and showed that staff understood how to keep people safe.

Staff told us that staffing levels had improved and staff had clear roles and responsibilities. A staff member said, "Staffing is better now and can always do with more. If we get new residents or people's needs change then staffing should increase. We asked a senior carer whether the staffing levels were flexible, they said, "Yes, staffing would have to increase because it's about keeping people safe." This showed that staff understood the need for flexible staffing levels in order to meet people's changing needs.

The registered manager told us that they had employed an activity staff member whose role included supporting people to eat in the dining room at lunch time. A system was in place to identify the staffing levels required to meet people's needs safely. The registered manager explained that they took account of people's dependencies to plan the staffing levels. We looked at the previous week's rota and the current week's rota and found that the actual staffing levels were consistent with the staffing planned. The unplanned staff absences had been covered by the existing staff. That ensured there were sufficient numbers of staff to meet people's needs. This meant people could be assured that there were enough staff to meet their needs safely.

## Is the service responsive?

### Our findings

At our previous inspection of 27 February 2017 we found people did not receive personalised care and support that promoted their independence and wellbeing. We issued a requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. The provider sent us an action plan which outlined the plans to meet the legal requirement.

At this inspection we found improvements had been made and have reviewed and revised the rating for this key question.

Staff had received training in customer relations training to improve their communication skills and their practices had been observed. A staff member told us, "The training was good because it showed us how we should behave, for example, when we're supporting people to eat. If I saw a colleague not doing things correctly I would tell them and tell [registered manager]."

People told us that staff were responsive to their needs. A person said, "I get up when I like and usually have a cup of tea in bed. They [staff] pop in to see if I'm ready for a wash. They never rush me." We saw staff answered the call bells promptly. A person told us they preferred to remain in their room and that staff respected this. They said, "Staff pop-in to have a chat with me. If I need help I will use the buzzer; they usually come within a three to four minutes."

We saw most people had their meals in the main dining room. There was a relaxed and positive atmosphere. People chose where to sit. We saw positive interactions between people and staff, which demonstrated that staff knew people well. For example, when a person declined the starter option, a staff member offered an alternative. The person said, "She [staff member] knows I like eating fruit." All the meals were served individually and people helped themselves to the gravy. We saw the activity staff member supporting a person to eat. When another person said they were slow to eat, the staff member smiles and replied, "That's ok, we can go as slow as you like." Another staff member cut the food into small pieces for another person, enabling them to eat independently. This showed that staff were responsive to people's needs and promoted their independence.

The small dining room was used by people who required staff to assist them to eat. Staff assisted people individually to eat at a pace that suited them. The registered manager told us that people were asked where they preferred to sit for their meals and were supported accordingly. This showed people's dignity was maintained during meal times. However, after lunch those people were still sat in the room with the television on. Although staff were seen to check that people were safe and comfortable, meaningful engagement would prevent people being at risk of isolation, especially those living with dementia.

A person was aware of their care plan and said, "They [staff] asked me about my daily routines, the food I like to eat and things I like to do." Records showed people were involved in the development and review of their care plans. These were focused on all aspects of their care needs including their choice of lifestyle, food preferences and hobbies. Staff were provided with clear guidance as to how people wished to be supported.

A staff member told us, "I've read [person's name] life history, so know about what they did for work." They described how they supported a person when they became upset and talked about topics that were of interest to the person such as the work they did and places they had visited. The staff member told us conversations and reassurance had had a positive impact on the person's mood. This was an example of personalised care that promoted a person's wellbeing.

Care plans and risk assessments were reviewed regularly. The reviews looked at all aspects of a person's care and support including their physical and mental health and how they felt. The reviews helped ensure people received care they needed and that any new needs could be met. That meant people could be assured that they received appropriate support and that any changes in care needs could be met.

Photographs of social events and activities held at the service were displayed alongside this month's activity programme. A number of people had visitors who spent time with them in the garden and in the lounge.

A person said, "I enjoy knitting and reading but just had my nails painted. We have exercise to music some days. We did a tapestry which is displayed." We saw the activity staff member spent meaningful time with people. For instance, whilst they painted a lady's nails we heard them ask about the wellbeing of their relative who had visited earlier that day.

The activity staff told us that they planned activities that were of interest to people. A 'knit and natter club', was due to start when the yarn and knitting needles were delivered. The local schools visited the service and regular church services were held. That meant the importance of social contact and companionship and being part of the local community was promoted.

# Is the service well-led?

## Our findings

At our previous inspection of 27 February 2017 we found the service was not well managed and lacked leadership. The systems to monitor the quality of service were not used effectively to bring about improvements to the quality of service. We issued a requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. The provider sent us an action plan which set out the plans to meet the regulation.

At this inspection we found improvements had been made and have reviewed and revised the rating for this key question.

At this inspection we found one area in need of improvement. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. However, the current CQC rating was not displayed and a copy of the latest inspection report was not available at the service. When we raised this with the registered manager they assured us that they would display the CQC rating clearly and copies of the inspection reports would be made available. We will continue to monitor this.

In other areas the service was well-led. Records showed that the provider had sent statutory notifications to us when required following untoward events at the service. These included details of the actions taken to ensure people's safety and wellbeing, such as risk assessments completed and where required care plans updated. People's records showed risks were re-assessed following any accident or incident such as a fall and care plans amended to ensure staff had clear guidance to follow to meet people's needs.

We found staff were friendly and welcoming. There were notices displayed in the home to inform people and their relatives of the upcoming dates for the 'residents meetings' and social events. People told us the meetings were informative, and their views were sought about the care provided and they were encouraged to express concerns if required. Meeting minutes confirmed that people had been consulted about décor and some had chosen the colour scheme for their bedrooms, and asked about the menus and that they were given the opportunity to raise concerns.

During our inspection visit we saw the registered manager monitored the service. They walked around the service to check that staff were working effectively. They checked that a staff member was in the lounges or close by should people need support. We saw the registered manager observed the lunchtime meals being served in the dining rooms to ensure people were supported to eat where required. This meant that the registered manager was monitoring the busy times within the service and if required could direct or support staff to meet people's needs.

We asked people who used the service and relatives for their views about how well the service was managed. They said, "It's the first time [my relative] is using this place. The manager assessed [my relative's] needs and seems quite nice." And, "It's a lovely place. Staff seem to be organised and work well together."

A person told us that their care plan had been updated because their needs had changed. Care records



showed people were involved in the review of all aspect of their care and support. We observed a staff handover meeting. The senior carer updated the staff team on each person using the service, including any concerns about people's health and information about forthcoming medical appointments. Staff were provided with a summary of care needs for the two new people admitted to the service that day and the senior carer reminded staff to read their care plans. This showed that communication between staff in relation to people's needs was good. That meant people could be assured that their needs were managed and met by informed staff.

Staff told us that the leadership had improved and they had clearer roles and responsibilities. Staff felt the registered manager was approachable, listened and was supportive. They said, "It's good that [registered manager] has her own office because we can speak to her in private." Records showed staff had regular supervision and team meetings which gave them the opportunity to comment on the service. Meeting minutes showed that the registered manager used these meetings to update staff about changes within the service and staffing, and set out their expectations about providing a quality service.

A system to regularly assess and monitor the quality of service that people received was in place. The registered manager checked the call bells reports to ensure staff responded to calls promptly. Regular audits and checks had been carried out in a range of areas including the management of medicine, care records and premises. A sample of the audits we looked at were comprehensive. Any shortfalls found were documented in an action plan with set timescales for improvements to be made.

The area manager's quality monitoring visits looked at the management of the service. Their reports detailed the areas checked such as premises, care records and feedback for people who used the service. The area manager told us that they monitored the provider's action plan to ensure the improvements were being made. That demonstrated the effectiveness of the provider's governance system and showed that it was used to bring about improvements to the service.

We asked the social worker and healthcare pharmacy commissioner for their views about the service and how well it was managed. They told us that the staff had a good understanding of people's needs and how to support them. They said they found the staff team and registered manager worked effectively and in a coordinated manner that ensured people received a consistent, safe and a well-led service.