

Ms Linda Charlton

Thornley Leazes Care

Inspection report

Thornley Leazes
Allendale
Hexham
Northumberland
NE47 9NH

Tel: 01434683769
Website: www.thornleyleazes.co.uk

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20 August 2019
22 August 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Thornley Leazes Care is a residential care home providing personal care for up to 12 older people, some of whom had learning disabilities and others who lived with dementia. There were 12 people living at the service during the inspection. The service also operated a domiciliary care service out of the same building and they supported 19 people in the local community.

Thornley Leazes Care accommodates 12 people in a two-storey building. The service continued to work towards the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff followed infection control procedures. Overall medicines were managed well and the provider was reviewing paperwork in connection with this.

People continued to receive good care and were supported with kindness and compassion. Staff knew people well and provided support which met people's needs and enabled them to take part in activities within the home and community in line with their preferences.

People felt safe and staff knew how to protect them from harm. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Various paperwork, particularly in the home care element of the service required some improvements to ensure it was always robust and up to date. Quality checks were in place and were in the process of being reviewed. We have made a recommendation in connection with these.

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

Rating at last inspection

The last rating for this service was good overall (published 22 February 2017). Improvements were required

in the well- led key question and this continued to be the case.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Thornley Leazes Care

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

The inspection was carried out by one inspector and one 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

Thornley Leazes Care 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. The provider also operates a domiciliary care service from the premises. It provides personal care to people living in their own homes.

The service had two managers 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. We visited the care home on 15, 20 and 22 August 2019. We visited people receiving care at home on 20 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority safeguarding and commissioning teams, local infection control lead for care homes 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and nine relatives. We also spoke with a district nurse and care manager. We spoke with various members of staff including, the provider, two registered managers and eight care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted the local fire authority, an occupational therapist and a care manager. Where we received responses, we used this information to further add to our judgement of the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training to support them in identifying any forms of abuse. Policies and procedures supported this also.
- People said they felt safe and their relatives said they were confident that staff would take action if they suspected any concerns.

Assessing risk, safety monitoring and management

- People's needs were known to staff who were clear about actions they would take to keep people safe. Some risk assessments, particularly in the home care element of the service required to be updated and further reviewed. The provider and registered managers were going to address this immediately.
- Checks on the premises and equipment were completed, including legionella and electrical monitoring. The provider and a healthcare professional had asked the fire authority to review fire safety and risk procedures in the home due to changes with one person's needs.
- Emergency contingency plans were in place for any untoward events. This included poor weather conditions or staff shortages due to a pandemic.
- Monitoring of people's finances were completed and our checks confirmed these were correct.

Staffing and recruitment

- Recruitment was robust and had further improved since our last inspection. We noted that some conversation regarding recruitment with staff which had taken place were not always recorded. The provider told us they would take on board our feedback for future applications.
- Enough staff were on duty to meet people's needs. One person in the home care element of the service said, "The staff were very punctual during the heavy snow last year they let me know they might be a bit late and then they walked through the snow to get here."

Using medicines safely

- People received their medicines as prescribed. We noted a couple of recording issues with medicines administration records (MARs), particularly related to the home care element of the service. The provider was going to address this straight away.
- Staff worked with local GP's and other healthcare professionals to ensure that people were not over medicated in line with the principles of STOMP (Stopping over-medication of people with learning disabilities).
- Staff had their competency in the administration of medicines checked regularly. This was in the process of being updated for this year.

- Ordering, storage and disposal of medicines were suitably managed.

Preventing and controlling infection

- Staff followed good infection control procedures. For example, they wore gloves and aprons and had received suitable training.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. These were analysed to look for any patterns or trends and appropriate action was taken to minimise risk of further incidents.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 had been assessed and care was delivered in line with their individual wishes. However, in the home care element of the service, records were not always available to show this detail. The provider sent us a new assessment document which they had started to use to address this.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and supported. Staff received a good induction into the service which ensured they knew people well before working alone with them.
- Various tailored training and supervision and annual appraisal was available to staff to enhance their skills and support mechanisms. Staff said they continued to be supported.
- Staff were skilled to meet the needs of people with various complex needs in a personalised way.

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

- People had choice and received enough food and drink. Any special diets were maintained.
- People at risk of weight loss or dehydration were closely monitored. Where necessary, referrals had been made to specialist dietary teams.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with information from external health professionals to promote people's well-being and deliver effective care and support. This included occupational therapists and community nurses.
- People were supported to attend various appointments with healthcare professionals, including GP's and hospital consultants.

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

- The design and décor of the service met people's needs. In the care home, people had access to an adapted garden area which had been designed to promote participation in gardening activities and enjoyment of the outside space. This included raised beds and bespoke seating areas.
- Appropriate equipment was in place to assist staff when moving and handling or supporting people with their care. This included specialist beds, hoists and sensor mats; which helped staff provide safe and effective care.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- People were routinely involved in decisions about their care. Staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected. Staff assessed people's mental capacity and made best interests decisions when needed.
- Appropriate applications had been made to deprive people of their liberty.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 kind and demonstrated a caring attitude to the people they supported. Staff were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- Staff knew people well and assisted them in line with their individual wishes. One person said, "They will go over and above their job sometimes and they do extra little things for us."
- People received care from consistent and regular staff teams.
- People spoke highly of the staff team. One relative said, "I thank all the staff for making such a massive difference to us all."

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

- Staff had developed positive relationships with the people they supported and their families. This helped staff to better support people and their relatives to be involved in any decisions that needed to be made.
- Staff spent time talking and listening to people. Communication with relatives was good.
- People were supported by advocates when required. An advocate is an independent person who supports someone, so that their views are heard, and their rights are upheld.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity. Doors were closed, and curtains drawn for example, when personal care was provided. One staff member said, "We always ensure that (person's) private areas are covered to preserve their dignity...it's important. They are such a private person and would hate it (as I would), if this was not done."
- Independence was encouraged. One person told us, "She (carer worker) has helped me get out and about, something they (consultant) thought I would not be able to do."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Staff knew people's likes, dislikes and preferences very well. They used this knowledge to care for people in the way they wanted, including when their needs changed. However, care records, particularly in the home care element of the service, did not fully reflect this. This was in the process of being immediately addressed by the provider.
- Staff were reliable and consistent. In the home care element of the service, people told us the same staff came at times that suited them.

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.

- Staff gave people information in different ways to help them understand and be involved in decisions. For example, one person liked to receive information verbally.
- Care plans recorded communication needs, although some further work was required in the home care element of the service.

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

- People's social needs were fully met and relationships were supported to be maintained. People in the care home enjoyed a range of activities. This included, holidays and outings to various events and venues. Some people participated in therapeutic work in a local shop run by the service which provided an opportunity for social interaction with the local community. In 2018 one of the registered managers won the regional "Care Home Activities Organiser Award" in the Great British Care Awards.
- Family and friends were welcomed throughout the service. One person was regularly supported to visit a relative in a local care home. Another person was helped to visit their partner.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was available for people and their relatives.
- No complaints had been received since we last inspected, but people told us they knew how to complain if they needed to. One person said, "We have never complained. They are very good; if anything is wrong they sort it out and if anything wants doing they do it straightaway."

End of life care and support

- People were supported at the end of their life to be as comfortable as possible. One person was receiving end of life support during the inspection.
- Staff worked alongside external health professionals to provide effective care for people at the end of their lives, including for example, ensuring adequate pain relief was always available when necessary.
- People's care records detailed if specific wishes were in place about resuscitation plans or emergency health situations that may arise.

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.

At the last inspection this key question was rated as required improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Record keeping was not as robust as it should have been, particularly in the home care element of the service. This included risk assessments and care plans. The provider started work immediately to address this.
- Audits were completed to help monitor the service, but the provider had not fully used these to check the quality of recording. We discussed these issues with the provider and they agreed this needed to be addressed.

We recommend the provider reviews their recording and auditing procedures to ensure people's records reflect their needs and follow best practice guidelines.

- The last rating for the service was displayed correctly in the service and on the providers website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People achieved good outcomes. One relative said, "The manager sorted it all out for my mum. She was very unwell, and now she has stabilised."
- The provider encouraged a positive culture within the staff team. This included taking the lead on organising registered manager meetings for all care providers in the county.
- People and relatives were positive about the service and felt it was well managed. We saw people were relaxed and presented as happy throughout the inspection.

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 provider was open and honest during the inspection and accepted feedback in a positive and responsive way.
- The provider acted swiftly when anything needed to be improved. People and their relatives told us that any issues arising were openly discussed for a resolution. A care manager told us, "They are very good at acting in an inclusive way. No concerns."

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

- People, relatives and staff were involved in the running of the service. For example, surveys had been sent out to people and their relatives. All those completed and returned were positive.

Working in partnership with others

- Staff worked well with healthcare professionals and members of the local community. A community nurse said, "There is a low turnover of staff and they all seem to know people really well. I have only positive things to say really." A care manager told us, "No concerns. They work well as a team and do what they are supposed to be doing and work with us not against us."