

Mannamead Care Centre Limited

# Thorn Park Care Home

## Inspection report

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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?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 5 and 6 January 2016 and was unannounced. Thorn Park Care Home provides care and accommodation for up to 36 older people, some of whom are living with dementia. On the day of the inspection 35 people lived at the home. The providers own other services in the Plymouth area.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

One person said; "It's been lovely to be able to give a testament back to say what a lovely wonderful place this is. I am so please I came here."

People were busy and were enjoying the company of the staff. There was a calm and relaxed atmosphere within the service. Comments included; "Staff are kind and caring." A survey returned to the home said; "With the constant care and love given she is still with us." People said they were happy living at the service.

People, relatives and visiting professionals were happy with the care the staff provided. They agreed staff had the skills and knowledgeable to meet people's needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People had their privacy and dignity maintained. Staff were observed supporting people with patience and kindness.

People were better protected from harm as staff had completed safeguarding of vulnerable adults training and had the knowledge on how to report any concerns and what action they would take to protect people. Staff were confident any incidents or allegations would be fully investigated. The registered manager had sought and acted on advice where they thought people's freedom was being restricted. Applications were made and advice sought to help safeguard people and respect their human rights

People were protected by safe recruitment procedures. Staff were supported with an induction and ongoing training programme to develop their skills and staff competency was assessed. Everyone we spoke with felt there were sufficient staff on duty.

People received visits from healthcare professionals, for example GPs and district nurses, to ensure they received appropriate care and treatment to meet their health care needs. Professionals confirmed staff followed the guidance they provided. This ensured people received the care they needed to remain safe and well, for example people had regular visits by district nurses to change dressings. A relative survey recorded; "His health and mentality has improved since he entered Thorn Park."

People's medicines were managed safely. Medicines were managed, stored, and disposed of safely. Senior staff administered medicines and had received training and confirmed they understood the importance of safe administration and management of medicines.

People who did not have capacity to make decisions for themselves were supported by staff to make sure their legal rights were protected and staff worked with other professionals in their best interest.

People were supported to maintain a healthy balanced diet. People told us they enjoyed their meals, there was plenty of it and we observed people were not rushed.

People's care records were computerised and of a good standard. People's care records were comprehensive and detailed people's preferences.

People's risks were considered, well-managed and regularly reviewed to keep people safe. Where possible, people had choice and control over their lives and were supported to engage in activities within the home. Records were updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People and staff described the registered manager as approachable, available and supportive. Staff talked positively about their jobs and took pride in their work. Visiting professionals and staff confirmed the registered manager made themselves available and were very good.

The registered manager had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People's opinions were sought formally and informally. There were quality assurance systems in place. Feedback was sought from people and their relatives to assess the quality of the service provided. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and, where there were areas for improvement, these were shared for learning.

## 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.

People told us they felt safe living at the service.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Staff were able to recognise and had a good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

### Is the service effective?

Good ●

The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services which meant their health care needs were met.

Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

People lived in an environment which was clean and comfortable.

### Is the service caring?

Good ●

The service was caring.

People were involved in decisions about their care.

People were treated with kindness and respect and were happy with the support they received.

People's privacy and dignity was promoted by the staff.

Staff knew about the people they cared for, what people required and what was important to them.

People's end of life wishes were documented and respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care records were personalised reflecting their individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was an experienced registered manager in post who was approachable and people spoke highly of.

Staff confirmed they felt supported by the registered manager and the management team. There was open communication within the service and staff felt comfortable discussing any concerns with the registered manager.

There were systems in place to monitor the safety and quality of the service.

Audits were completed to help ensure risks were identified and acted upon.

# Thorn Park 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 is 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.

The inspection was undertaken by one inspector on 5 and 6 January 2016 and was unannounced.

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. We also reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with 18 people who used the service, the registered manager, care manager and six members of staff. We spoke with six relatives, two visiting friends and two health and social care professionals who had all supported people within the service.

We looked around the premises, observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at six records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

## Is the service safe?

### Our findings

People who lived at Thorn Park Care Home were safe because the registered manager had arrangements in place to make sure people were protected from abuse and avoidable harm. People who were able to tell us they felt safe. One person said when asked if they felt safe replied; "Safe-Yes of course!" Another person said; "Yes I feel safe here, they check me at night." A relative said; "[...] is safe and well cared for."

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. Staff had completed safeguarding training and they were able to access policies and procedures on safeguarding and whistleblowing. Staff confirmed they knew what to look for and could identify abuse. They said they would have no hesitation in reporting abuse and were confident the registered manager or providers would act on issues or concerns raised. Staff said they would take things further, for example contact the local authority's safeguarding teams if this was required. The service displayed a document titled "If I do not feel safe" and this was in a suitable format for people to understand and then seek advice if needed.

People lived in an environment that was safe, secure, clean and hygienic and regularly maintained. Protective clothing such as gloves and aprons were readily available to reduce the risk of cross infection. Smoke alarms and emergency lighting were tested. Regular fire audits and evacuation drills had been carried out. This helped ensure staff knew what to do in the event of a fire. People had individual emergency evacuation plans in place. Care records and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe.

People identified at being at risk had up to date risk assessments in place and people, or their relatives, had been involved in planning their risk assessments. Risk assessments identified those at risk of skin damage and falling and showed staff how they could support them to move around the service safely. There was clear information on the level of risk and any action needed to keep people safe. Staff showed they were knowledgeable about the care needs of people including their risks and when people required extra support, for example if people confined to bed needed two staff to support them turning, this was actioned. This helped to ensure people were moved safely.

People, relatives and visitors agreed there were sufficient staff to help keep people safe. Rotas and staff confirmed the home had enough staff on duty each day. Staff were observed supporting people appropriately at all times, for example at mealtimes and during activities. The registered manager said staffing numbers were reviewed and increased to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe.

People were supported by suitable staff. The service had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. Recruitment files included relevant recruitment checks, for example disclosure and barring service checks. This ensured the registered manager could minimise any risks to people as staff were competent and safe to work with vulnerable people. One newly employed staff confirmed their checks had been applied for and obtained prior to them commencing

their employment with the service.

Accidents were recorded and analysed to identify what had happened and action the staff could take in the future to reduce the risk of reoccurrences. Any themes were noted and learning from accidents or incidents were shared with the staff team and appropriate changes were made. This helped to minimise the possibility of repeated incidents.

People's medicines were managed and given to people as prescribed, to help ensure they received them safely. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.

Medicines administration records (MAR) were all in place and were completed appropriately. All other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines.



## Is the service effective?

### Our findings

People received effective care and support from staff that were well trained and well supported. Staff had the skills and knowledge to perform their roles and responsibilities effectively. Staff knew the people they supported well, and this helped ensure their needs were met. One person said of the staff; "Wonderful staff" and another said "Staff are very good and kind".

Staff completed an induction programme and said they were given sufficient time to read records and worked alongside experienced staff to fully understand people's care needs. Training records recorded staff had completed training to effectively meet the needs of people, for example dementia training. The registered manager confirmed all new staff would complete the Care Certificate (A nationally recognised set of skills training). Ongoing training was planned to support staffs continued learning and was updated when required. Staff completed additional training in health and safety issues, such as infection control and fire safety. Staff said; "Plenty of training."

Staff received appraisals and regular supervision. Team meetings were held to provide the staff the opportunity to discuss areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at team meetings and records showed staff discussed topics including how best to meet people's needs effectively.

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's records recorded best interest meetings to determine if they had the capacity to agree to their care and support needs being met. 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. The application procedures for this in a care home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's mental capacity was assessed which meant care being provided by staff was in line with people's wishes. We spoke to the registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had completed MCA training and was aware of the process to follow if it was assessed people needed to be deprived of their liberty and freedom.

Records confirmed the service continually reviewed individuals to determine if a DoLS application was required. Additional records confirmed people had been subject to a DoLS application to keep them safe.

The registered manager and staff recognised the need to support and encouraged people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to join in

the activities provided or eat in their own rooms. People's care plans showed people were involved in their care and were consenting to the care taking place.

People's individual nutritional and hydration needs were met. People could choose what they would like to eat and drink. People had their specific dietary needs catered for and a menu was displayed. The menu was also in picture format to assist people. Care records were used to provide guidance and information to staff about how to meet individual dietary needs. For example people who required a diabetic diet received the appropriate diet and catering and staff were fully aware why this was needed. Records identified what people disliked or enjoyed. A nutritional screening tool was used when needed to identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored and staff confirmed if food and fluid charts were completed when needed. The cook confirmed they had information on people's dietary requirements. People had access to drinks and snacks 24 hours a day. People and visitors made positive comments on the food provided. We observed mealtimes were unrushed and people and staff were engaged in conversation. Comments on the food included; "Couldn't ask for better food", and "Food is very good". A family joined their relative for a birthday lunch and all agreed the food was very nice. One person said; "The chef always comes to ask me what I want – chef is wonderful." Another person said; "Food like I've never seen before - 1st Class."

People were relaxed and had staff support them during mealtimes. People who required additional assistance were given the support they needed. Nobody appeared rushed and all were able to eat at their own pace.

We saw that environmental health had carried out a food hygiene inspection and rated the home as level five, which is the highest rating that could be achieved.

People accessed healthcare services and local GP and district nurses visited and carried out health checks. People whose health had deteriorated were referred to relevant health services for additional support. One professional confirmed the service had a "good referral system." Staff consulted with external healthcare professionals when completing risk assessments for people, for example the tissue viability nurse. If people had been identified as being at risk of pressure ulcers, guidelines had been produced for staff to follow. Healthcare professionals confirmed staff kept them up to date with changes to people's medical needs and contacted them for advice. Healthcare professionals also confirmed they visited the home regularly and were kept informed about people's wellbeing. This helped to ensure people's health was effectively managed.

## Is the service caring?

### Our findings

People who lived in the service were supported by kind and caring staff. People told us they were well cared for, they spoke well of the staff and the good quality of care they received. One person said; "Very happy I found this home." Relatives and visitors spoke well of the staff and the quality of the care they received. One said; "[...] is very well cared for" another said "Really well cared for." A survey returned to the service recorded; "Extremely happy with the care my dad receives." Visiting professionals agreed the staff were caring and were aware of people's wellbeing.

People were involved with the care and treatment they received. People were asked their views as much as possible about the care they received and staff were observed treating people with kindness, patience and compassion throughout our visits. Staff asked people for consent before they provided any support and asked if they were comfortable with the support being offered. For example when people required support to move from a comfortable chair to a wheelchair. Staff were observed telling people throughout the process how they were going to do this and this was completed at people's own pace. All staff knew what was important to people such as how they liked to have their care needs met.

People were supported by staff who knew them and their care needs well. We observed people were comfortable and people said they were well cared for and staff took time to assist them with their personal care needs. Staff were attentive and prompt to respond to people's emotional needs. For example one person became confused. Staff responded promptly to assist this person. A visitor said; "Mum is cared for very well and they always help her look nice." Staff interacted with people in a caring and supportive way. We saw examples throughout our visit when staff responded to people's needs in a dignified manner. For example, when people were assisted with their personal care. Staff went over to them and supported them discreetly. This showed staff were able to recognise people's needs and respond to them in a caring manner.

Staff showed concern for people's wellbeing. For example, some people were now confined to bed due to their deteriorating health. Staff were observed providing kindness whilst maintaining people's dignity. Staff informed people what task they were going to complete. The care people received was well documented and detailed. For example, people had turning charts in place to prevent their skin becoming sore. Other records showed staff recorded regular personal care was carried out including hair care.

People told us their privacy and dignity were respected. Staff maintained people's privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care, and ensuring curtains and doors were closed. Staff said how important it was that people were supported to retain their dignity and independence. Relatives, visitors and professionals said they had never seen staff being anything other than respectful towards the people the service supported. One new admission to the service said; "They (the staff) handle people with the greatest of kindness and consideration, particularly people with dementia."

People's care files held information on people's wishes for end of life care. This ensured that people's wishes on their deteriorating health were made known. Files also held a treatment escalation plan which

documented people's wish on resuscitation. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interest. One thank you card sent to the home said; "Thank you for the care and attention during her last days with you" and another said; "A sincere thank you to you all at Thorn Park Care Home for all the love, care and support for [...] during her time in your care and indeed for us as a family."

## Is the service responsive?

### Our findings

People were cared for and supported by staff who were responsive to their needs. One person recently admitted said; "They (the staff) understand my needs." People had a pre-admission assessment completed before admission to the home. The registered manager confirmed the assessment enabled the service to assess if they were able to meet and respond to people's needs before admission. Records showed information had been recorded on people's health and social care needs. This provided staff with up to date information on people which was used to develop a full care plan.

People, where possible, were involved with planning their care. When people's needs changed care plans were reviewed and altered to reflect this change. For example, some people's general health had deteriorated and staff responded by contacting the GP for advice and support, this helped ensure they remained comfortable. A relative said; "We are kept informed on all changes about mum." Healthcare professionals agreed the service was responsive to people's needs when they became unwell and contacted them quickly and appropriately.

People's care records included a life history. This included detailed information about their needs, including their health and social care needs and personal care needs. For example if a person needed staff support and equipment to mobilise. The care plans had information including the name of other services involved, for example dentist and chiropodist. Care plans recorded people's physical needs, such as their mobility and personal care needs choices. We observed staff ensuring people had pressure relieving equipment where required, for example special mattresses were in place to protect their skin integrity. Additional information recorded included how staff could respond to people's emotional needs if a person had additional needs, for example those people living with dementia and who required extra support. This information was clear for staff to respond to support people.

Additional information recorded included people's faith, social and recreational needs and how they could be supported so these needs were met. Records had been regularly reviewed with people or, where appropriate, with family members. A relative and visitor said they had been asked and involved in updating records where appropriate.

Care plans were individual and recorded people's wishes. Records showed each care record was updated and reviewed regularly. This helped to ensure staff had the correct information to support people's current care needs. Discussions with staff showed they knew people well and what was important to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's care plans included a person's lifetime history, medical history and relationships important to that person. This provided staff with information so they could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

People were able to call for staff assistance at all times to respond to their needs. People had access to call bells wherever they were in the service, including the lounge areas and their own bedrooms. This enabled people to call at any time and staff could respond if people required assistance. We saw people who chose to stay in their bedrooms had their call bells next to them. One person said; "I use the bell and I do not have to wait long."

People were provided choice on a day to day basis, for example being offered a choice of drink with their meals. One person said; "I can have a bath whenever I want." Activities were provided and people who wished to participate were encouraged to. The service employed a designated activities coordinator who arranged a wide variety of activities. For example on one day of our visits some people were going to see the pantomime. The staff understood people's individuality when arranging activities and ensured people had a variety to choose from. People said they were happy with the activities provided in the home, although some people preferred not to join in. The displayed activities list showed daily activities planned including the quiz and exercises. One person said; "[...] (the activities coordinator) is brilliant-excellent. Worse part is she doesn't work every day!"

People, their relatives, visitors and health care professionals knew who to contact if they needed to raise a concern or make a complaint. They went onto say they felt the management would take action to address any issues or concerns raised. One relative said; "I have never needed to make a complaint" and one person said; "No concerns or complaints." One professional confirmed they'd never had any concerns about the service.

The company had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The procedure was clearly displayed for people to access and in a format to assess people. The complaints file showed complaints had been thoroughly investigated in line with the service's own policy and appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainant and documented.

## Is the service well-led?

### Our findings

Thorn Park Care Home is owned by Mannamead Care Centre Limited. These providers also own other services in the Plymouth area.

Thorn Park was well led and managed effectively. The company's values and visions included "our aim is to retain residents' quality of life. Privacy and choice are high on our priority and personal care is tailored to meet individual needs." These were evident at the inspection, understood and observed by staff. The registered manager took a very active role within the running of the home and had good knowledge of the staff and people. The registered manager confirmed they met and received regular support from the senior management.

People, relatives, staff and health and social care professionals all spoke positively about the registered manager and the management team. People said; "They (the management team) come to see me and ask if I'm alright." Other comments included; "Really nice, really helpful" and, "I am supported by the management and can go to them for support."

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People were involved in the day to day running of the service. Residents' meetings and surveys were completed. If there had been issues highlighted, the registered manager confirmed they would be addressed and fed back to people. This showed the service listened and acted upon people comments.

People said the registered manager and management team were visible, kind and compassionate. The registered manager and management team made themselves available to talk and meet people and visitors. Staff spoke highly of the support they received from the registered manager and management team. Staff felt able to speak to any of the management team if they had any issues or were unsure about any aspect of their role. Staff described the staff team as very supportive and said; "I love it here-plenty of support from the management-definitely!"

There was a clear management structure in the service. Staff were aware of the roles of the registered manager, care manager and other senior staff. The registered manager and care manager made themselves available to us during our inspection. They demonstrated they knew the details of the care provided to people which showed they had regular contact with the people who used the service and the staff.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example there was a programme of in-house audits including audits on medicines and people's care records. Surveys were sent to people who were able to complete them. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been made or were planned. These covered all aspects of the service provided.

The service held regular staff meetings to enable open and transparent discussions about the service and people's individual needs. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff told us they were encouraged and supported to raise issues to improve the service. Staff said they were happy in their work, the registered manager motivated them to provide a good quality service and they understood what was expected of them. Staff said the registered manager and care manager had an open door policy and often worked alongside them by providing care to people. Staff said they felt their concerns were listened to and acted upon. The home had a whistle-blowers policy to support staff.

Staff told us how learning from accidents and incidents had taken place. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

The home had the "Dementia Quality Mark", a locally recognised award for homes that undertake care for people living with dementia. This helps the staff to have a better understanding of the care needed to support people living with dementia.