

Leafoak Limited

# Thurleston Residential Home

## Inspection report

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Date of inspection visit:

12 May 2021

20 May 2021

Date of publication:

14 July 2021

## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Thurleston Residential Home is a residential care home in one adapted building and can provide personal care for to 37 older people. At the time of the inspection 28 people were using the service. Some of these people were living with dementia and the service does not provide nursing care.

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

There had been changes in the management of the service since our last inspection. The key questions Safe and Well-led were rated good at our last inspection. At this inspection, Well-led remained good but Safe had deteriorated from good to requires improvement.

Staff informed us they had been trained and understood their responsibilities in keeping people safe from harm and abuse and records in staff files confirmed this information. However, the service was unable to locate the service safeguarding policy and there was no safeguarding log of reported safeguarding incidents. We did see records that safeguarding incidents had been reported to both the Local Authority and Care Quality Commission in 2020.

Risks to people were assessed and actions to reduce the risks had been recorded in peoples care plans which were reviewed and updated every month or as the result of incident.

Sufficient staff were on duty which meant staff were available when people needed support and staff were recruited safely. People's health care and nutritional needs were assessed and met. 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.

People received their medicines when they needed them. Medicines management was monitored on a daily basis and relatives informed us they had no concerns about people receiving their medicines as prescribed. However monthly auditing of medicines management was not being recorded.

The current infection control systems in place reduced the risks to people.  
For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 13 March 2020).

### Why we inspected

We inspected due to the recent swift changes in management at the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thurleston Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Thurleston Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Thurleston Residential Home 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 service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We called the service to announce our inspection visit one hour before the inspector arrived. This was to ask the service for specific information regarding COVID-19 and to ensure we were working within the provider's own COVID-19 and infection control procedures.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We visited the service on 12 May 2020. The remainder of the inspection was carried out remotely, away from the service.

We received feedback about the service from relatives and staff. We spoke with one person who used the service. We also received feedback from five people's relatives and five staff members, including the deputy manager, domestic staff and senior care staff.

We reviewed a range of records including the full care plans for three people. Plus, a variety of records relating to the management of the service, including audits and quality assurance were reviewed. We also reviewed records relating to medicine administration and monitoring, staff training and three staff recruitment files.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service was not able to provide a policy and procedure for the recording and actions to be taken with regard to safeguarding on the day of the inspection. However, the new manager has submitted this information to the Care Quality Commission, since coming into post.
- Discussions with senior staff demonstrated they were aware of how to recognise and report abuse.
- We saw from training certificates that staff had received safeguarding training in the past. However, the service was unable to provide a record of the last safeguarding training provided and there were no plans for training on the new training matrix. The new manager was addressing staff training in safeguarding as a matter of urgency.

Assessing risk, safety monitoring and management

- The contingency plan guided staff what they should do in an emergency, such as electrical power failure. Personal emergency evacuation plans identified how people were to be supported if evacuation of the service was needed.
- There were systems to monitor people's weight loss. This included regular weight checks and referrals to health professionals.
- People's care records included risk assessments and guidance for staff on how risks were minimised. This included risks associated with falls and how to support people to manage diabetes.
- Regular checks were undertaken on equipment which reduced risks to people, including moving and handling equipment, and fire safety. Where shortfalls were identified these were reported and addressed.

Staffing and recruitment

- One person told us, "The staff are very nice and there are enough of them."
- Relatives told us they considered there were sufficient staff on duty to meet people's needs. One relative told us, "The phone is always answered promptly and the deputy manager and senior staff are knowledgeable about my relative's needs."
- The deputy manager used a dependency tool to calculate the numbers of staff required to be on duty. The dependency tool was used to form the staffing rota and this was adjusted to address people's changing needs, such as if a person required end of life care, or increased checks on their wellbeing. One senior member of staff told us, "We work as a very good team and there are enough staff on duty to meet people's needs."
- Staff recruitment was carried out safely, this included taking up references and making appropriate checks to reduce the risks of people being cared for and supported by staff who were not suitable for working in this type of service.

### Using medicines safely

- People told us they received their medicines when they needed them. Relatives informed us they had no concerns about their relative's medicines being administered. One relative informed us there had been a problem with medicines delivery but this had been resolved by the registered manager at the time.
- The Medication Administration Records showed people received their medicines as prescribed.
- Records in the staff files recorded staff had been trained for administering medicines and their competency had been checked. However, there was no training matrix available to confirm this information or any future training or competency checks had been arranged. The new manager was addressing this as a matter of urgency.

### Preventing and controlling infection

We worked through our infection prevention and control (IPC) checklist with the deputy manager. We concluded that the service has procedures in place to prevent the risk and spread of infection.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- One member of staff told us, "We have enough PPE and all the cleaning products we need."



# 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 good. At this inspection this key question has deteriorated to requires improvement. 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.

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

- There was inconsistent leadership in the service. The registered manager had left the service in February 2021 and a manager was in post for less than three weeks before leaving. For the times when a manager was not in post the service was managed by the deputy manager. As a result, the deputy manager was performing their own duties as well as trying to cover for the managers responsibilities.
- During this inspection we found shortfalls in the service's recording systems. The system was not robust for recording safeguarding information, planning staff supervision and training and monthly monitoring audits such as medicines audits. The service was not able on the day of the inspection to provide training records which had been lost at some point after the last registered manager left the service.
- The registered manager had carried out monthly audits of various aspects of the service function, but this had been discontinued since October 2020. The provider had not had oversight of these gaps in monitoring of the service. Positive outcomes for people could not be assured.
- There was a file which recorded when audits took place and although some meetings and audits have happened, they were not being recorded. We found the last recorded staff survey was in 2019, staff meeting October 2019, departmental meeting February 2019, residents meeting January 2020, medication room audit January 2021.
- Work had commenced to decorate and refurbish the dining room, but this had remained unfinished and staff felt the dining room would benefit from curtains being installed. Also decorating to individual people's room doors had been commenced but had not been finished as had other decorating and refurbishment. We were not assured there was a plan in place to determine when the work would be completed.
- The new manager had recommenced the managers monthly auditing system and had carried out an audit in late May 2021 and put an action plan in place to address all of the above.

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

- Relatives informed us that when something had gone wrong such as medicines being delivered late, the senior staff had taken action to keep people safe while also apologising for the situation occurring.
- People's relatives told us they felt they were mostly kept updated and consulted about their family member's wellbeing.
- We received positive comments about the deputy manager from staff and relatives. They felt the deputy manager worked extremely hard and supportive whenever approached. One member of staff informed us, "I

think the deputy is amazing as she never stops working."

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

- The service did not have a registered manager.
- There was a winter plan in place. This included information of how the pandemic was being managed.
- Staff told us they had the training they needed regarding infection control including COVID-19, diabetes, moving and handling, Mental Capacity Act and deprivation of liberty safeguards and fire training. We saw in staff files records of training but the training matrix had been lost and a new matrix was being established to arrange training by the new manager.

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

- People, relatives and staff were asked for their views about the service in satisfaction surveys and meetings. But there had been no update upon the survey of 2019.
- Health care professionals had been asked for their views in a yearly survey in October 2019, but we saw no evidence that a survey had been arranged for 2020 or 2021.
- Relatives informed that the service did keep in contact with them regarding any significant events.

Working in partnership with others

- The service worked with other professionals involved in people's care. This included commissioners, GPs, dieticians and chiropodists.