

# Thurlestone Court Limited

# Thurlestone House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

The inspection took place on the 16 and 17 April 2015 and was unannounced.

Thurlestone House provides accommodation for up to 26 older people who require personal care without nursing. People using the service could be living with dementia, have mental health needs or a physical disability. We last inspected the service on the 27 December 2013 when we found no concerns. On the days we visited there were 23 people living at the service.

A registered manager was 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.

The registered person was not always providing care and treatment in a safe way for people. Although we observed good medicines practice during the inspection, people's medicines were not always administered safely. The medicine administration records (MARs) were not always completed correctly and the registered manager was not auditing these to ensure good and safe practice.

People had risk assessments in place to determine their level of risk while living at Thurlestone House in respect of

# Summary of findings

their mobility, pressure areas and likelihood of suffering malnutrition. These were linked to their care plan however they were not always updated or reflected their current risk level.

We reviewed the outside area as staff told us it was unsafe. We found there were several situations where people could be at risk of trips and falls. Since the inspection, the provider has completed a risk assessment of both the internal and external environment. This has identified a range of changes they feel they need to make these areas safe. It has been too early to assess the impact of this however the provider has stated that this work will be completed by the end of July 2015. Measures have been put in place to support people to use the outside area safely.

People and staff were at risk of contamination due to poor infection control procedures in the laundry. This was due to staff not separating contaminated laundry correctly. The laundry was also cluttered and had not been cleaned thoroughly for some time. Staff were provided with aprons, gloves and appropriate hand washing facilities around the home. The aprons and gloves were disposed of in the appropriate container and the provider had a contract in place to ensure these were collected and disposed of properly.

People told us they felt safe living at Thurlestone House. The service had policies in place to support staff to keep people safe. Staff were trained in safeguarding vulnerable adults and felt any concerns they raised would be listened to and acted on by the registered manager.

People were being cared for by staff that treated them with kindness and respect. People told us staff always protected their dignity. There were sufficient staff to meet people's needs and they were recruited safely. Where action needed to be taken, the provider's disciplinary policy had been followed. Staff were trained to meet people's needs and this was carefully tracked to ensure they were up to date in respect of current practice and guidelines. Staff had regular supervision. They were not currently undergoing an induction, having their competency checked or having appraisals of their ability to carry on their role effectively. The provider had plans in place to address these areas.

People told us staff always sought their consent before delivering care and would respect their choice if they

declined at that point. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were presumed to have the capacity to make their own decisions about their care. Where this was not possible, either temporarily or permanently, the staff understood the need to seek the best way forward that was in the person's best interest. Relevant family and professionals were then involved in this process.

People had their health and nutritional needs met. People were supported to see their GP and other health professionals as required. People were involved in designing the menus and were provided with a range of food in line with their choices and preferences. Where there were concerns about people's nutritional and food intake this was carefully monitored. Food supplements were given as prescribed and people had their food presented in line with their care plan.

People told us staff listened to them and felt they had control of their care. People had care plans in place that were individualised, however these did not always reflect people's current needs. We found essential information about people's needs were not being recognised and included in their care plans. Staff did not have the essential information available to ensure the care delivered was appropriate and as the person desired. People, or their representative where necessary, were not involved in the designing and reviews of their care plan. This meant people were not being given the opportunity to ensure their care plan was appropriate.

People had a range of activities available and national events were recognised and made into special occasions. People had their faith needs respected and met.

The service had a complaints system in place to investigate and review people's compliments and concerns. People's complaints were looked at and people were asked if they were happy with the outcome. People were provided with both formal and informal ways they could make suggestions for changes on how the service was run. For example, the provider employed an external agency to ask people how they felt about the care they were provided with. Also, the registered manager would ask people and act on any concerns.

There were clear governance and management structures in place to ensure there was oversight of how

# Summary of findings

Thurlestone House was being managed. However, the quality assurance process had not identified the concerns raised during this inspection. New structures had been put in place this year but it was too early to assess the effectiveness of this during this inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. People were at risk from unsafe administration and recording of medicines.

Individual risk assessments were completed to support people and staff to reduce the likelihood of people coming to harm. However, these did not always reflect on the person's current level of risk.

Risk assessments were completed for the inside of the building and the registered persons have introduced the same for the outside of the building since our visit.

Infection control measures were not being followed in the laundry which placed people at risk.

People and their relatives felt they were safe living at the service. Staff were trained in safeguarding vulnerable adults. There were sufficient staff to meet people's care needs and staff were recruited safely.

Requires improvement



### Is the service effective?

The service was effective. People were supported by staff who were well trained and able to meet their needs. The registered manager had systems in place to ensure staff were trained and supervised. New systems were being introduced to ensure all staff underwent an induction, appraisal and competency assessment.

People were having their capacity to consent to their own care and treatment respected. This was assessed in line with the Mental Capacity Assessment (MCA) as required.

People had their health and nutritional needs met.

Good



### Is the service caring?

The service was caring. People were treated with kindness and respect by staff. Their dignity was protected at all times.

People felt in control of their care and stated staff always listened to them.

Staff treated people with kindness and offered discreet care and emotional and practical support when required.

Good



### Is the service responsive?

The service was not always responsive. People had personalised care plans in place, however these did not always reflect people's current needs and preferences nor had they been updated as required. Staff therefore did not have the necessary information available to ensure the care they were providing was appropriate.

Requires improvement



# Summary of findings

People were not being routinely involved in reviewing their care and where this took place it was not clearly recorded.

People felt comfortable raising concerns with the registered manager and felt their concerns would be addressed. People were routinely asked for their view of their care. People's complaints were investigated and systems put in place to resolve these. People felt they had been resolved to their satisfaction.

## Is the service well-led?

The service was not always well-led. The service had a quality assurance process in place. However, the concerns raised during the inspection had not always been identified and addressed. A new system of oversight by the provider had been put in place but it was too early to assess this.

There were systems where people and staff could contribute ideas on the running of the service. Staff stated any recommendations they made would be given careful consideration by the registered manager and provider.

There were clear policies and systems in place to manage the running of the building.

**Requires improvement**



# Thurlestone House

## 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 planned to check 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 took place on the 16 and 17 April and was unannounced.

The inspection was completed by three inspectors. One of the inspectors was a pharmacist who came with us due to previous concerns about how the service was administering people's medicines. An expert-by-experience was also part of the inspection team. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information held by CQC such as previous inspection reports and notifications. Notifications detail important information we require providers to tell us about when significant events occur.

During the inspection we reviewed four care plans in detail and looked at two others when there was specific information we wanted to check. We spoke with 14 people, and four relatives or visitors. We spoke with staff throughout the inspection and four staff in more depth about their role. We also observed staff as they provided care and support. We spoke with one health and social care professional. We were supported through the inspection by the registered manager and providers.

We read other records kept by the service including 17 medicine administration records; policies and practices; audits of the service and maintenance records. We also read four staff personnel records and all the training records for the service.

# Is the service safe?

## Our findings

Not all people had their medicines administered as prescribed at all times. Not all MARs were completed correctly. For example, of the 17 MARs reviewed there were concerns that nine were not completed fully. There was no recording on how and when people had their prescribed creams and lotions administered. We saw that two medicines from the current ordering cycle were recorded as being 'out of stock' on two people's MARs; one for four days, and one for a week. Staff said the registered manager ordered all medicines and would not be aware of this unless staff reported it, and so they hadn't been re-ordered in a timely way and people had missed their prescribed medicine. There was no evidence this had been discussed with the person or the prescriber to ensure people were not adversely affected. When discussed with the registered manager they advised they did not audit the stock of medicines and the MARs to ensure staff were administering medicines safely therefore gaps in administration or errors were not being identified and put right.

Where medicines were received between ordering dates, these had been hand written by one staff member but not double checked or counter signed to ensure they were accurate. This was the same with the recording of doses of anti-coagulant medicines where doses are frequently adjusted according to blood test results. Staff wrote out separate charts detailing the required dose, but we were told by the registered manager that there was no checking process for this. Dose changes were taken by phone, but there was no written confirmation of this the same day by fax or email, so people received doses until written instructions were received by post that came two to three days later. One person's medicines received between ordering cycles was decanted by the registered manager into a weekly pill dispenser. This was not labelled with the names of the medicines it contained which meant that staff could not be sure what medicines they were signing for.

The medicines in cupboards and trolley were stored securely; however we found one unidentified white tablet lying on the floor in the public lounge area where the medicines trolley was stored. The registered manager confirmed staff should have made sure they had all the right tablets for that person and reported if this was not the case. There was no separate refrigerator for medicines, but any medicines needing cold storage were stored in a

locked container in the kitchen refrigerator and the temperature was monitored. The system of storing medicines which were subject to secure storage was not adequate. No one was currently taking this type of medicine, however the provider advised this had been identified by the registered manager and was being addressed. There were several oxygen cylinders being stored in one person's bathroom, but these were not secured or chained to the wall in line with the home's policy on storing oxygen cylinders. There was also internal signage but no external signs to let people know there was a potential hazard.

Everyone we spoke with told us their medicines were administered as required. People's tablets were in pre-dosed packaging provided by the pharmacist. We observed people were having these medicines administered as prescribed. People were given the time and encouragement to take their medicines at their pace. Staff explained what the medicines were for if asked. Staff also stayed with people to ensure the medicine had been taken. They then completed the medicine administration records (MARs). For people who were prescribed medicines that were to be given at certain times, we saw these were offered and people could have them if they wanted to. For example, at lunch time one person was asked if they would like their painkiller. MARs showed these were offered and recorded.

There were policies and procedures in place to guide staff how to administer medicines safely. Staff told us and records showed that training in the safe administration of medicine which was regularly updated. The provider advised that further training had been arranged for all staff who administered medicines. This would be for all staff, managers and senior staff. We were told that at present there were no formal competency assessments taking place to check that staff could administer medicines safely, but that this would be arranged once the new training had taken place as the senior staff would have extra training on how to do this for the whole organisation.

People had a risk assessment completed on admission, which was developed further once people had settled in and staff knew them better. People had risk assessments in place to help them and staff manage any potential risks. These covered the risk of falls, skin breakdown and malnutrition. These included the person's understanding of their condition and whether they were able to make their

## Is the service safe?

own choices of what risks they would like to take. They were linked to people's care plans and updated. However not all records were consistently updated or reflected people's current needs. For example, one person we reviewed had lived at the service on more than one occasion but their risk assessments had not been updated to ensure they reflected their current needs. Their records showed their condition had deteriorated gradually over this time. However, their risk assessments for the risk of skin breakdown for example had been written on the first admission in December 2014. Staff were directed by the risk assessment to encourage the person to move often to reduce their risk of skin breakdown and limbs stiffening as this would increase their falls risk. It also stated they required a pressure relieving cushion to be placed on their chair to prevent pressure ulcers but when we visited them this was not in place. The person stated that staff only came when they wanted to go to the toilet. They said: "staff don't come as much as they should do." Daily records made no mention that staff had supported the person to move and keep mobile as per their risk assessment.

One staff member told us that alarms were fitted to people's external doors where the rooms were on the ground floor and allowed them access to the outside area. The same staff member told us they were used to alert staff to bring certain people back inside as the outside area was "unsafe". We asked the registered manager if there was a risk assessment of the external areas and any reasonable plans in place to address any concerns to ensure people were not unduly restricted. We were told a risk assessment of the internal area linked to a monthly falls audit had been introduced but none was available for the outside area. We reviewed the outside area and saw that a number of risks were present including drops from people's bedroom doors (one had been filled in to provide a rough ramp); raised edging around the lawn area which went around the entire outside area with no break so a person could safely go onto the lawn; no clear identified footpath across the back and front car parks and gardening equipment left out. This meant people could not use this area safely or independently if their individual risk assessment supported this.

Since the inspection, we have received from the provider an assessment of the internal and external environment. This has identified a number of issues that need addressing

including the ones we observed. However, it is too early to assess the outcome of this. The provider has put safety measures in place to ensure people are supported safely while this work is completed.

We did not look at infection control in detail however we saw staff were provided with aprons (white ones for caring and blue ones when serving food). Gloves were provided for all hand sizes and there were plenty of locations where staff could wash and dry their hands. On the first day of inspection we saw the laundry area was extremely cluttered and showed signs of excessive dust. There was a large area of the floor which would be difficult to clean due to the amount of items being stored there. We observed that staff had left a bag of soiled clothes (in a red dissolvable bag) on top of a duvet in a black bin bag. The soiled bag had leaked onto the duvet and soiled this item. All bags of washing waiting to be washed were placed on the floor as opposed to in washable containers. We were told the containers had been removed to wash them but when returned one was broken which would have meant any leakages would have gone onto the floor. All this posed an infection control hazard.

The external bin for contaminated waste was found to be unlocked which the registered manager locked and agreed to remind staff to keep the bin locked.

The provider had a contract with an appropriate disposal company in place to remove contaminated waste from the location.

Not ensuring medicines were administered safely at all times; lack of risk assessments; and inadequate infection control practices is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives felt confident staff would act on any issues that meant they could be at risk of abuse. People told us they felt they could talk to the registered manager and their concerns would be taken seriously. Everyone told us they felt safe living at Thurlestone House. Their relatives also told us they felt their relatives were safe at the home.

The registered manager had systems in place to ensure there were sufficient staff on duty to meet people's care needs. Most people confirmed there were enough staff and their needs were always met in a timely way. Two people said there were a lot of agency staff being used. They stated

## Is the service safe?

though that agency staff were always introduced to them. The registered manager advised they were in the process of recruiting more staff. Staff told us they felt there were enough staff to meet people's needs and to allow them to spend some one to one time with people.

Staff received training in safeguarding vulnerable adults and this was updated often. The provider also had policies in place to support staff to understand how to keep people safe. For example, there were policies in how to identify abuse and details on how to whistle blow internally or externally if required. Some of the staff struggled to describe how they would identify abuse but all staff said they would pass on any concerns they had. Staff told us they felt any concerns would be taken seriously. All staff said they would speak to the registered manager or the providers. One staff told us: "I have raised concerns before and been listened to."

Staff were recruited through a formal process of application and interview. All recruitment files demonstrated that the registered manager ensured staff's backgrounds were checked before they started work. All files held completed checks with police records or Disclosure and Barring Service (DBS) to ensure there were no restrictions on their working with vulnerable adults. There was also proof of previous experience, qualifications and references in place. Not all files held the necessary information such as proof of identity, including a recent photograph or health checks. There were also not formal recordings to ensure people's gaps in employment were recorded. The registered manager and provider advised us that information was stored centrally and locally in the service and there was a review underway to ensure all personnel records across the organisation were being kept and stored to the same standard. Where issues were identified in respect of staff, we saw action had been taken by the registered manager and provider in line with their disciplinary process.

# Is the service effective?

## Our findings

Everyone we spoke with stated that they felt the staff were well trained and able to meet their needs. The registered manager had systems in place to ensure staff were trained in the areas identified by the provider as their core subject areas such as manual handling, infection control and safeguarding. All staff were up to date in their training. One person stated: “New staff learn by copying other staff”. The registered manager confirmed staff underwent a brief induction to the home. New staff were taken through the core training as soon as dates became available. There was a resource file which contained essential information for staff to read and keep up to date with developments in care. The organisation’s training officer would then randomly test individual staff knowledge and application of the information in one to one sessions. However, at the point of our visit, the provider had adopted the new Care Certificate with the plan that all staff would be supported to gain this qualification.

Staff were supported by regular supervision to ensure they were able to effectively carry out their role. One staff member said they felt supervision for them had been very helpful as it had helped them to look at the situation with one person so they could look after their needs with better understanding. New staff were closely supervised and underwent a six month probationary period to further assess their suitability for their role. Further training and supervision was identified on an individual basis. The register manager confirmed that no staff had received an appraisal in recent times. Staff were also not having their ongoing competency to carry out their role assessed. This was stated to do with other pressures in respect of their role. The registered manager showed that there were plans in place to introduce appraisals and competency checks across the provider which were at the planning stage.

People told us staff always asked their consent before seeking to deliver care. People added that staff would respect their request for them to come back later if necessary.

The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how they applied this in practice. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. They demonstrated they understood what actions they would

take if they felt people were being unlawfully deprived of their freedom to keep them safe. For example, preventing a person from leaving the home to maintain their safety. The service had one DoLS application in place which had been approved by the necessary authority. The registered manager explained this remained valid as the person would be unsafe without this protection in place. Records clearly showed when this should be reviewed.

The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. People’s records showed that staff adhered to the principle that people should be supported to consent to their own care and treatment and where necessary given the time to do this in their own time. Where this may be difficult for any reason, staff liaised with the registered manager, family or the person’s representative. This ensured decisions were made in the person’s best interest.

Not all records clearly recorded who had Lasting Power of Attorney (LPA) and whether the LPA had the right to make decisions on the person’s behalf as they had now been assessed as lacking the ability to consent to their care. The registered manager stated they would address this and ensure records were updated.

People’s nutritional needs were met. Where people’s food and fluid intake required careful monitoring, this was in place. People who required food supplements were having their needs met. People were positive about the quality of the food. People stated that food was discussed at a recent residents’ meeting and changes they suggested had been tried. One relative told us: “The food is good; my mum was not eating well before she came here, but she is now. She feels she is putting weight on”.

We observed there was clear communication between the registered manager and chef to ensure people’s food was prepared in line with the requirements of the care plan. The chef described how they were continually trying new ways of providing food for people on a special diet so everyone had food that was enjoyable. For example, people who were following a diabetic diet had a range of choices of puddings similar to everyone else. The chef confirmed they visited new people to ask their likes and dislikes. The menu was planned a month in advance and the chef sought people’s views of what they would like to add or remove

## Is the service effective?

from the menu. People said they could have snacks and drinks at any time of the day. People told us they were not asked each day what they would like to eat but alternatives were provided if they desired something different. We observed the kitchen staff provided meals later for people because they had been asleep at lunchtime or out of the building. The registered manager stated they would reintroduce a system of asking people for each day what they would like to eat.

Everyone we spoke with stated they had their health needs met. Records showed people could see an optician, chiropodist or dentist. People were supported to attend healthcare appointments. There was regular contact with their GP, district nurse and other health professionals at the home as required. The health professional we spoke with told us they could not fault the service. They stated the staff were always knowledgeable about the people they were looking after and would raise any concerns with them as soon as they were noticed.

# Is the service caring?

## Our findings

People described the atmosphere in the home as calm and friendly which they said was important to them. People were observed having relaxed conversations with each other and there was a steady flow of visitors who were always welcomed. One person told us: "It is very relaxed here" and another, "Brilliant, super, great here. All is very well done and all the facilities we could want are here". A third person told us: "I feel quite at home. Everything here is good. I am completely content. A1."

One relative told us: "We are happy with everything." One relative stated in feedback to the service in a recent questionnaire: "The warmth and the comfort my mum gets here is really important; the staff are caring and friendly" and another, "The staff are always welcoming to me and the family."

Staff were observed going about their tasks in a calm manner. People were discreetly supported to go to the toilet. Staff were very patient when responding to repeated questions from people; patiently explaining what was happening and when. For example, when someone asked several times when the next meal was; staff answered their questions carefully.

Staff described people who lived at the service with enthusiasm and respect. Staff demonstrated they knew the small things about people such as recognising their mood and how they were feeling. Staff were observed asking people if they were feeling alright and offering cups of tea

or sitting and talking with them as necessary. We heard staff talking with people about their families and about things they had done and had been interested in prior to living at the home.

All the staff described the extra lengths they tried to make people feel it was their home. For example, one staff member described how they had brought in different CDs for people so they could listen to music they liked. The same staff member was also observed sitting with people to share the enjoyment of the music; others joined in the conversation and a general discussion of the music was shared. The member of staff also encouraged people to talk about when they had heard the music and humour was shared as stories of past times were talked about.

People told us their dignity was protected at all times when they received personal care. People told us that curtains were always drawn. Staff always knocked on doors before entering rooms and waited for a response before entering the room. A lot of people living at the service were independent in their care and told us staff respected and encouraged this.

People were involved in making decisions about their care however this was not always clearly recorded. Everyone we spoke with stated that staff always listened to them and took action when this was required. People felt they were in control of their care. The registered manager stated they would look at how to record what people were saying how they wanted their care delivered so this information was available to all staff and therefore consistent.

# Is the service responsive?

## Our findings

People had personalised care plans in place to support staff to deliver appropriate care. Care plans included information on what people could do for themselves and when staff support was required. All care plans stated they had been regularly updated, however some of the care plans we read did not reflect people's current needs.

Two people who were staying at the service for respite care had been at the home more than once. Their care plans had been created when they first stayed at the service and not rewritten or updated to reflect their current situation. For example, one person now required a different continence care plan but their plan had not been updated to reflect this. The information about the change was only located within the daily recordings. There was no detail of how staff were to apply and manage the changes. The registered manager confirmed this was a change to their care plan since the original care plan was written. Also, the same person was at the home for rehabilitation to support them to return home. Other documents in their care records detailed the involvement of other professionals; it did not detail what role the staff were to take in supporting them to rehabilitate. The registered manager confirmed staff were to support the person to maintain their mobility and strength in their legs however, when we spoke with the person, they confirmed this was not taking place.

When reviewing the needs of people living at the service with the registered manager we were told one person had: "Short term memory loss". Their care plan did not detail any concerns about their memory. For example, in relation to supporting the person with personal care, staff were advised to "prompt" the person and "give clear instructions" to enable them to care for themselves. The admission information that was provided to the staff before the person came to live at the home stated the person had a diagnosis of "probable vascular dementia". In addition, the information detailed how the person was unlikely to recognise changes, risks or respond appropriately. None of this information was reflected in the care plan. The staff were not given any guidance on how to meet the person's needs in the light of their likely to be living with dementia.

Another person's care plan detailed they had recently had a fall resulting in an injury to their hand or arm. A week later a district nurse requested a cushion be put under the person's wrist. There was no addition to the care plan in

respect of how staff should manage the injury and also no further reference or confirmation that staff were carrying this out in any other recording. For example, an entry in daily reports, made on 17 March 2015 stated: "Must try to keep sling in place as much as possible and to prompt exercises". There was no further reference to this in the daily reports or care plan. There was no evidence of the exercises the person should be undertaking and no evidence of staff assisting or encouraging the person to complete the exercises.

We received a mixed view from people and relatives as to whether they were involved in the design of their care plan and its reviews. We found people's involvement with their care planning was not obvious in all the care plans we reviewed. One person told us they had seen their care plan and added, "I have not seen it for a long time". Another person told us they not seen or reviewed their care plan. One person's records also stated the person's relative was to be involved in all reviews of their care plan, however there was no recording to state this had taken place. Another relative advised they were involved in planning their relative's care. One person we spoke with told us they would prefer to live independently and their records detailed they had the mental capacity to make decisions for themselves. They confirmed they had not been involved in planning their care or making an assessment of their needs to ensure the care they were receiving was appropriate. Despite their having expressed their desires to staff, this had not been recognised by an assessment of their need or involvement of relevant professionals.

The lack of accurate information in care plans and people not being involved in their care planning is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Activities were provided by staff to meet people's needs. People had their faith needs met. Activities were mainly in the afternoons as requested by people and included word games, manicures, board games and garden walks. Staff led weekly reminiscence sessions to support people to remember past times. There were also fortnightly visit from a musician who led singing sessions and monthly visits by a local church group for a coffee and chat. On the occasion of the Grand National there was a sweepstake and sherry afternoon whilst watching the race on television. The

## Is the service responsive?

service also had use of a minibus shared with the other services owned by the provider. This was used fortnightly in the winter and weekly in the summer for either a half or full day trips out to the coast or places of interest.

The service routinely listened to people to learn from their experience of the service. The service had complaints policy that was made available to people and their relatives. No one we spoke with told us they had needed to make a complaint. We reviewed the complaints book held by the registered manager and saw that concerns and complaints were investigated and the person told the outcome. We did speak with one person who felt their particular complaint had not been resolved to their satisfaction and this was continuing. We spoke with the

registered manager who stated they would speak again to the person and look for a way to resolve this. Other complaints and concerns had been resolved to the person or relative's satisfaction.

The service also employed an outside agency to ask people and their relatives about their experience of the service. This was completed on a monthly basis when a sample of people and relatives were asked their view of the service and the care they were receiving. These were returned to the provider and reviewed by the registered manager. We reviewed the most recent of these and saw they were mainly positive. Where concerns were raised, this was addressed and reviewed at the senior management meeting and with people to ensure they were happy with the outcome.

# Is the service well-led?

## Our findings

Thurlestone House is owned by Thurlestone Court Ltd. Thurlestone House is one of four homes they own. Thurlestone Court Ltd is also part of Sea-Moor Residential Care Services. There is a person, called the nominated individual, who takes responsibility at the company level. The nominated individual is also one of the providers. We were told the company had recently expanded its senior personnel. We were shown an organisational chart which had been developed to ensure people understood what everyone's roles were.

Thurlestone House had a local management structure in place led by the registered manager. The registered manager also attended senior management meetings attended by senior personnel from the other homes and Sea-Moor Residential Care Services. The minutes from these meetings demonstrated there was senior management oversight to ensure management of Thurlestone House.

People identified the registered manager as the person who was in charge of running the service. Everyone and all staff we spoke with stated the registered manager and nominated individual were visible in the home. People and staff both felt they could approach them to talk about any concerns or make recommendations that could change the running of the service for the better. One person told us the registered manager: "Is very 'hands on' and very caring. Rolls her sleeves up".

People were offered the opportunity to feedback formally or informally about the service and how it was run. Staff also had regular staff meetings and felt they could speak to the registered manager or nominated individual if they had any comments to make. Both people and staff felt any contribution would be given careful consideration by the registered manager and providers.

The inspection of Thurlestone House came a month after an inspection of another of the provider's services. We could see that feedback from that inspection had started to have a positive influence on the running and management

of Thurlestone House although it was too early to assess the impact of this on this service. For example, we saw the provider was developing a new staff handbook to ensure staff understood their role and responsibilities. This included the provider's philosophy of care and the standard of care expected by staff. This would go along with information provided to people living at the service. We were shown people were given an "About Sea Moor Care" booklet on enquiring about the service. This detailed the standard of care people could expect.

The service had a quality assurance process that was to take place every two months. This had not identified the issues we had observed. The records we reviewed showed the last quality audit had reviewed the service's performance for September to October 2014. The registered manager confirmed there was no separate quality audit available from November 2014 to the time of the inspection. Senior management meeting minutes from September 2014 identified issues with the safe administration of medicines. Formal competency assessments for staff who were administering medicines was to be introduced along with a new training. However, these measures had not been introduced at the point of the inspection. We discussed the concerns from this inspection with the registered manager and provider and why their own quality assurance process had not picked up the concerns or followed through on their own actions when identified. We were informed that, since the inspection of another service, the provider had introduced a new management oversight system but it was too early to assess the impact of this.

There were a number of policies in place to underpin the running of the service. These were regularly updated. Staff were encouraged to remain informed and familiar with the policies through the 'policy of the month'. This was then discussed to ensure staff were clear of their role in relation to that policy. There was a clear system in place to ensure the maintenance of the home was maintained. The registered manager ensured these were audited and checked regularly. Any issues identified were put right immediately.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 9(1), (a), (b) & (c) and 9(3)(a), (b), (c)

The registered person had not ensured that care and treatment of people was appropriate, met their needs and reflected their needs and preferences. The registered person had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met; enabling and supporting people to understand the choices available.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12(1) and 12(2)(a), (b), (d), (f), (g) & (h)

The registered person was not providing care and treatment in a safe way for people. The registered person had not assessed the risks to the health and safety of people in receipt of the care; done all that was reasonably practical to mitigate such risks; ensured the premises used by people was safe to use; medicines were administered safely; ensured the laundry was managed to prevent the spread of infections.