

Thorndene Residential Home Limited

Thorndene Residential Home

Inspection report

107 Thorne Road
Doncaster
South Yorkshire
DN2 5BE

Tel: 01302327307

Date of inspection visit:
08 February 2017

Date of publication:
03 March 2017

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

Thorndene Residential Home is situated on the outskirts of Doncaster, and is in easy reach of local shops and amenities. The home is registered to provide accommodation for up to 22 older people. Accommodation is located on both the ground and first floor. There is a small car park at the front and enclosed gardens at the side and rear of the home. At the time of this inspection there were 18 people who used the service living at the home.

Thorndene at Home is also provided from this location. This is a domiciliary care service and provides person care to people living in the community. At the time of this inspection we were told 16 people received the service. A further six people required only social support, for example help with shopping cleaning and socialising in the community.

At the last inspection on the 6 January 2015 the service was rated Good.

At this unannounced inspection on the 8 February 2017 we found the service remained Good. The service met all relevant fundamental standards.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback from people using the service. We carried out observations to see how they were being supported and cared for. We observed positive interactions between the staff and the people using the service. People told us they felt safe and the staff were respectful and observed their rights and choices

There was sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Those who received care in their home told us staff were prompt and met their assessed needs.

Robust recruitments procedures ensured the right staff were employed to meet people's needs safely. Staff received training to administer medications safely both in their own homes and in the residential care home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had a varied diet and they told us they liked the meals that were provided to them. People could

access a range of health care professionals including their GP, district nurses, occupational therapists and speech and language therapists.

People could take part in activities of their own choice and there were also organised group activities such as arm chair exercises and entertainment which was brought into the home by the provider.

Relatives and staff were happy with the way in which the service was run. The service was appropriately managed. There were comprehensive systems for monitoring the quality of the service. The registered manager and staff team listened to and learnt from the feedback of others to make changes and improve the service.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Thorndene Residential 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.

This comprehensive inspection took place on 8 February 2017 and was unannounced. The inspection was conducted by a adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people living at the home and four relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We also spoke with the registered manager, the providers, two senior care workers, two care workers and the cook. We reviewed the care records for three people using the residential service and three people who used the domiciliary service including their support plans and risk assessments.

We looked at the management of medicines records including their storage and disposal. We also looked at four staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Following the inspection we spoke on the telephone with three relatives of people who used the domiciliary

service. This helped us evaluate how satisfied people were with the service they received.

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with told us they felt safe. One person said, "I am happy here. Staff look after me and of course I feel safe. A relative said, "When mum was at home she had a lot of falls and we were always worried. Now she is monitored and this has reduced the falls."

Relatives of people who used the 'Thorndene at Home' service told us that they had confidence in the provider to ensure call made to people who used the service were consistently on time and staff always acted in a professional manner to help keep people safe.

We saw risk assessments were in place to reduce things like trips and falls and there were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home.

The provider had robust safeguarding procedures and these had been followed by staff trained in the subject. A call monitoring system was in for people who used the 'Thorndene at Home' service which ensured call were not missed. Relatives of people using this service confirmed that their family members care was safe and effective.

At the last inspection of the service we found the service had robust recruitment and selection processes which ensured only suitable staff were employed to work with vulnerable people. At this inspection we found this was still the same. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager.

Sufficient staff were employed to work at the two services and some staff work both in the care home and in the community. The registered manager told us they did not intend to expand the domiciliary service at this time and they wanted to ensure they provided a good person centred service to all of the people who used the services. People we spoke with confirmed that they did not have to wait for staff to attend to their personal care and we noted call bells were answered quickly. Staff told us that they had time to do their job effectively and they felt there was sufficient staff on duty to meet the needs of people who used the services.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked records of medicines administration and saw that these were appropriately kept. There were systems in place for checking medicines stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy.

Is the service effective?

Our findings

People and relatives we spoke with for both services confirmed that they received care and support that was appropriate to their needs. People told us that staff always consulted with them about their care and were respectful of their wishes.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for a number of DoLS for people living at the service but these were awaiting decisions from the safeguarding authority.

Staff gave examples of how people's best interests were taken into account if the person lacked capacity to make a decision. For example, people were supported to make decisions through the use of care plans, with their involvement.

Staff regularly monitored food and drink intake to ensure people received enough nutrients in the day. Staff regularly consulted with people on what type of food they prefer and ensure foods are available to meet peoples' diverse needs. People consistently told us that the food provided was good with lots of choice. This included a variety of snacks that were available throughout the day.

People receiving care and support in their own homes confirmed that staff supported them with meals. Some meals were provided by family and others were cooked in the microwave. People told us they were satisfied with the meals they received.

There was clear evidence that people had access to their GP when required. People we spoke with told us that they were sometimes supported to visit the GP surgery rather than have a visit at the home. We saw on the records that people had access to other health professionals such as the optician and dentist. We saw some people had been seen by the speech and language therapist (SALT) and there were written reports and examples of specific diets that they had recommended. We spoke with the cook about special diets and they were able to provide good examples of the foods they prepared and served for people on soft diets.

Staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. Most of the staff who worked at the home had also completed a nationally recognised qualification in care to levels two, and three. We saw that staff had received training in dementia care and dementia awareness and related well to people.

Systems to support and develop staff were in place through monthly supervision meetings with their line manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals had been completed for all staff. This meant staff were formally supported in relation to their roles and responsibilities.

Is the service caring?

Our findings

The staff provided care which was person centred and focused on the individual needs, wishes and preferences of the people who used the service. Care plans and guidance for the staff gave information about the person and how they expressed their choices. This enabled staff, in particular new staff, to become familiar with how to support people in a way they wanted.

Relatives and people who used both services consistently told us that staff were courteous, kind and respectful. We saw that staff knew people who used the service very well and had a warm rapport with them. There was a relaxed atmosphere throughout the building with staff having time to have a joke with the people they were caring for.

Throughout the inspection we saw staff were respectful of people's dignity. This was in their approach and while carrying out personal care. We observed staff knocking on bedroom doors and waiting to be invited into rooms. One staff member asked us to wait outside a bedroom so that they could ask the person if they wanted to speak to us. We were then given privacy to talk to the person.

We saw there were designated dignity champions. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. We observed that people were treated with respect and dignity was maintained.

People were given choice about where and how they spent their time. We saw they had chosen how their room was decorated and the rooms reflected people's individual style and interests. For example, we saw people displayed pictures of family members. One person had celebrated their one hundred and third birthday the day prior to the inspection. Their bedroom was full of cards, flowers and balloons. They told us they had celebrated all day so they were having a restful day in their bedroom.

We found that staff respected people's spiritual and cultural needs. Staff were knowledgeable about this aspect of people's needs and this information was also clearly reflected in people's care and support plans. The registered manager told us that a religious service was held at the home periodically throughout the year.

The registered manager told us that there were no time restrictions to visitors and the relatives we spoke with confirmed these arrangements. One relative said, "I visit nearly every day and staff always make me feel welcome."

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of three people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up. Relatives we spoke with told us they had been involved in providing some information about their family member including things like life history. They told us they had also been involved in reviews of their family members care.

We found that people's care and treatment was regularly reviewed to ensure it was up to date. We saw on care plans how staff evaluated the progress on the plans. Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were each day.

People were able to access some activities. We observed an outside organisation, 'Motivation and Co'. They did a quiz with people to start and then went on to do games followed by gentle exercise. We spoke with the facilitator and they said the home encouraged participation but people could opt out if they wanted to. People told us they enjoyed the session. Other people we spoke with told us they liked to do word searches in the quiet lounge, while others enjoyed watching TV in their bedrooms.

People were provided with information about the services and what they could expect from the services. This was called a 'Service User Guide'. The information was set out in an appropriate format. Photographs and pictures were used to illustrate the main points.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw these were displayed around the home. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with told us they were confident in being able to express what was important to them and they were positive that they were listened to and respected. One person said, "The manager makes sure we are all alright. She comes and asks me if there is anything they could do to make my life better, but I can never think of anything." A relative of a person using 'Thorndene at Home' said, "The manager is always available to talk to and discuss your concerns. She came to ask me about what my [family member] needed and what time they wanted their calls and they stick to those times."

Is the service well-led?

Our findings

The service continues to be well led by the registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Feedback from relatives on the staff and registered manager were very complimentary. Comments included, "The staff and management are excellent, nothing is too much trouble," and "I would recommend 'Thorndene at Home' to anyone who needs care at home. Others said, They communicate well if my relative is poorly and they always contact me if they have had the doctor for anything," and "The staff are all very good and try their best to accommodate any changes we ask for, like an earlier visit for an hospital appointment."

Staff spoke highly of the registered manager. They told us, "It is a well-run and organised service. The registered manager understands the service" and "We work as a team to help support people living in their own homes."

Staff confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics such as safeguarding people, staff training and health and safety. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

During our inspection, we noted positive examples of leadership from the registered manager and the senior care worker. Staff were given direction when transferring people using a mechanical hoist and when assisting people with their meals. We saw the registered manager speaking to relatives enquiring if they were well and updating them on the care of their family member. Relatives we spoke with told us the registered manager was always visible and they felt supported by her. One relative said. "It is good to know there is a person leading the home who really cares."

The provider had good quality assurance systems in place to seek the views of people who used the service, and their relatives. Surveys were returned to the registered manager who collated the outcomes. Any areas for improvement were discussed with staff and people who used the service to agree any actions which may need to be addressed. We looked at outcomes from the last questionnaires sent to relatives and people who used the service. Comments were extremely positive.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. They had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.