City of Bradford Metropolitan District Council

Thompson Court

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

This inspection took place on 12 October 2018 and was unannounced.

Thompson Court is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 37 older people and older people living with dementia in one purpose built building, divided into four units. Accommodation is provided on one level. Thompson Court provides rehabilitation, assessment and emergency respite care although five people were receiving long term care. On the day of inspection there were 23 people receiving care and support and one of the units was closed for refurbishment.

There was a registered manager in post. 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.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and kind. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

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's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a reasonable choice of meals and said the food was generally good. The registered manager was working to improve food choice and appearance. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome.

The home was spacious, well decorated, clean and tidy. A programme of refurbishment was underway, planned with attention to people's needs and reference to good practice guidelines.

The complaints procedure was displayed. Records showed complaints received had been dealt with appropriately.

People and staff praised the registered manager and said they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they took action to make improvements.

We found all the fundamental standards were being met. 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 was safe.

Staff were recruited safely. There were enough staff to provide people with safe care and support and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home offered some choice and variety. The service was working to improve presentation and individual choices. The meal time experience was calm and relaxed. People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good

The service was caring.

People using the services told us staff were attentive and kind. We saw staff treated people with compassion and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.

People's care records were comprehensive, up to date and regularly reviewed.

There were activities on offer to keep people occupied.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who provided effective leadership and management of the home to drive improvements.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

Thompson Court

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 inspection took place on 13 October 2018 and was carried out by two adult social care inspectors and an assistant adult social care inspector. The inspection was unannounced.

Before the inspection we reviewed information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms. We usually use the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. However, on this occasion we did not use SOFI as people were able to tell us their views about Thompson Court. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, four staff recruitment files and records relating to the management of the service.

We spoke with eight people who used the service, one relative, five care and senior care workers, the activities co-ordinator, two health care professionals, the deputy manager and the registered manager.

Good

Is the service safe?

Our findings

People were kept safe from abuse and improper treatment. People who used the service told us, "I feel safe", "Yes, I just feel it", "I feel completely safe. I've suffered from panic attacks … I'm alright with the door closed during the day but not at night. They know to leave the door open at night for me" and "They (staff) come checking on you as many times as you want at night."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

Records showed safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. Staff confirmed checks such as obtaining references and Disclosure and Baring Services (DBS) were completed prior to starting work at the service.

Overall, we concluded there were enough staff to ensure appropriate care. Most people said there were sufficient staff and that call bells were answered quickly, although one person said they could do with a few more staff in the afternoons. Based on the current occupancy of 23, the service had five care workers on during the day and three at night, plus senior care workers, assistant managers and the registered manager. We looked at rotas which showed these staffing levels were usually maintained. Our observations of care and support led us to conclude there were enough staff. People were provided with stimulation and interaction throughout the day, there was a good staff presence and any requests for assistance were dealt with in a timely manner. The registered manager told us staffing levels would be increased when the final unit was reopened after refurbishment.

Overall, medicines were stored, managed and administered safely. We saw medicines were stored in locked cabinets in people's rooms, cabinets in the medicines room or the medicines fridge. Staff who had responsibility for administering medicines did this with patience and kindness, explaining to people what their medicines were for. We looked at a sample of medication administration records (MARs) and saw most people were given their medicines as prescribed. However, in one person's records we saw they had been without their medicines for one morning due to the stock running out. This had not been logged as an incident or investigated to ensure the root cause was identified. We spoke with the registered manager about the need to do this. From their responses, we concluded that appropriate actions had taken place and this was an isolated documentation omission.

Three people looked after their own medicines and showed us the locked drawer or cupboard where these were kept. Risk assessments had been completed to support this. Medicines stock was checked on a daily, weekly and monthly basis. As part of the inspection, we checked a random sample of people's boxed medicines and found amounts tallied with what should be in stock. Protocols for 'as required' (PRN) medicines were in place, including information about why and when the medicine should be offered, the

dose and possible side effects.

The premises was safe and suitable for its intended purpose. At the time of the inspection work was being undertaken to bring the environment up to a high standard. Whilst this work was ongoing, measures had been taken to segregate the building to keep people away from any hazardous activities. The building was well maintained. We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. Personal emergency evacuation plans (PEEPS) were in place and these were up to date and relevant. We saw the fire alarm was tested weekly and fire drills were held. This meant staff knew what action to take should an emergency situation arise.

The home was very clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. People said the home was always clean. One relative commented, "Think it's lovely and clean – it's the first thing you notice… (service) smells nice and clean."

Equipment such as hoists, slings and bed rails were subject to regular maintenance and checks. A new nurse call system had been installed which made pendants available to people which they wore around their necks. This made it easier for people to summon assistance should they need it.

Risks to people's health and safety were well managed. Risk assessments documents were in place which covered areas of physical and mental health as well as for additional areas of concern for example bed rails or the risk of falls. These were person specific and subject to regular review. However, it was not always evident that people had been involved in discussions about the risks and benefits of interventions such as bed rails or falls management strategies.

We spoke with one person who was hoisted; they said staff used equipment appropriately and they felt safe during transfers. We saw ceiling track hoists were installed in some rooms to assist with safe moving and handling.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. For example, sensor mats were in place to monitor some people's movement following falls. These were being used in line with people's care plans.

Good

Is the service effective?

Our findings

People's care needs were assessed prior to using the service and care plans put in place to meet people's needs. People said their needs were met. The service worked with a range of health professionals to ensure recognised best practice was adhered to; for example, around continence care and pressure area care. The registered manger had also consulted best practice around the environment to ensure it met the needs of people using the service.

Staff we spoke with told us training opportunities were good and there was plenty of training on offer. The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

The training matrix showed staff were up to date with training which included infection control, medicines, first aid, food hygiene, moving and handling, palliative care and safeguarding. We saw staff had also received specialist training in topics such as Parkinson's disease, diabetes and dementia care. One person who used the service told us, "Staff always say, 'We're on a training course tomorrow' so I think they get an awful lot of training. Yes, they get it."

Staff were provided with regular supervision and appraisal sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support.

People's nutrition and hydration needs were met. People who used the service told us meals were usually good, although some commented that food was sometimes bland and "a bit simple." Other comments included, "It was lovely. Very tasty. The food is good" and "Not as good as what I want. It's made more for the older people. I really miss more spicy food; pasta, curry… I find the vegetables are cooked to an inch of their life. It's good for the older people. For the older ones it's really good. Vegetables have no goodness if they're over boiled."

On the day of our inspection, the service was supported by a local authority cook since the service's own cooks were on leave. We saw they were given information about people's dietary needs and preferences which were displayed in the catering office. We sampled the food on offer at lunchtime which was reasonably tasty although visually unattractive. One person told us they had informed staff of their concerns about the food and we saw food quality and variety was also raised in the resident's quality survey. We spoke with the registered manager who explained they had actions in place and were now meeting regularly with the catering company to improve the food on offer, including offering a wider variety of food. We saw they had already introduced more variety to the dessert menu. There were choices available for every meal and plenty of hot and cold drinks offered throughout the day. Some people had been assessed and were supported to make their own hot drinks when they wanted.

People assessed as being nutritionally at risk were weighed regularly, referred to the dietician or SALT

(Speech and Language Therapy team) and were prescribed nutritional supplements. Records were also maintained of what they were eating and drinking. Where these records were in place, we found they were mostly well completed although daily fluid intake was not always tallied up.

People's healthcare needs were assessed and the service co-ordinated care with a range of professionals to meet their needs. This included staff at the local NHS Hospital trust, GPs, physiotherapists, occupational therapists and district nurses. The service was adjoining a GP practice and the GPs did a ward round every Tuesday and Friday. Physiotherapists worked within the service daily to assess and increase people's mobility and independence. People told us their healthcare needs were met and they had access to a range of professionals. We spoke with two health care professionals who told us staff worked in partnership with them and followed any advice they were given. Staff told us they had a good relationship with the district nurses and they were able to ask them for advice.

The building was in the process of being refurbished to help ensure it continued to meet the needs of people who used the service. At the time of the inspection, three out of the four units had been refurbished with work being undertaken on the fourth unit. The new environment was pleasant, finished to a high standard and adapted for the needs of the people who used the service. Lighting which mimicked natural daylight was in place to help orientate people to the time of day. Appropriate communal areas were in place for people to spend time and bathrooms and bedrooms were spacious and suitable for the needs of people who used the service. The registered manager told us they had used research, such as the King's Fund assessment tool 'Is your Care Home Dementia Friendly?' to make sure the environment was the best it could be for people living at the service, including people living with dementia.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The service was acting within the Mental Capacity Act and the registered manager understood their responsibilities to act within the legislation. People's capacity to consent to their care and support arrangements was assessed. Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were no authorised DoLS in place although one application was awaiting assessment by the local authority. People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals.

Good

Is the service caring?

Our findings

People said staff were kind and caring and always treated them well. Comments included, "Very happy here, nice and comfortable, we know all the staff, everyone is local, so we know each other", "They're (staff) all lovely. They come and see if you're alright and everything", "It's really good. We're really well cared for. It's a million times better than being in hospital. It's a nice relaxed atmosphere. You don't always feel like you're in a care home", "They (staff) look after you here" and ""There's nothing wrong with it. I'm quite happy. I'd stay forever."

We observed care and saw staff treated people in a consistently positive manner. Staff talked with people and provided companionship as well as completing care and support tasks. This was embedded into everyday practice. For example, when staff, including the registered manager walked through a room, they interacted with people, asking them how they were and if they could get anything for them. We also saw the person responsible for medicines administration chatted with people as they were supporting them with their medicines. One person who they shared a laugh and a joke with commented, "She's one of the good 'uns!" We saw staff spending time with people talking about topics of interest to them such as the local area in which they lived and people looked relaxed in staff company. Information on people's past lives had been sought as part of the care planning process to aid staff better understand each person.

We saw staff treated people with dignity and respect, for example knocking on doors before entering. People we spoke with confirmed our observations. People looked clean and well-dressed, showing staff supported people to maintain their appearance.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. People's diverse needs were considered during the care planning process. We saw adjustments had been made based on people's disabilities and culture. For example, cultural appropriate food had been provided and rooms adapted for people with physical disabilities. We saw evidence of people's involvement in the planning of their care.

We saw evidence choice was promoted with people on a daily basis. This came naturally for staff and demonstrated this was ingrained into the culture of the service. For example, people were asked whether they wanted to watch on television whilst sitting in the lounge, what they wanted to eat at each meal and whether they wanted to participate in activities.

The service helped rehabilitate people after a stay in hospital before moving back out into the community. We saw there was a strong focus on independence within care planning. For example, personal care plans provided instruction with staff to encourage people to do as much as the task for themselves to build up their strength, confidence and independence. We saw activities included exercises to increase people's mobility and independence. A staff member commented about how they saw their role at Thompson Court,

"Seeing someone come in that is unable to do things and seeing the progress over weeks. Promoting independence. Sometimes you think its quicker to do everything for them, but it won't get them home. I like to go home knowing that I've done my job properly."

Visitors told us they were made to feel welcome and we saw staff greeted them warmly. One visitor told us, "Always someone about if I need to ask anything."

We saw information such as people's confidential records were stored securely in cupboards within locked rooms.

Good

Is the service responsive?

Our findings

People said the service provided good quality care. One person commented, ""Yes. My needs change. I was a rehab patient when I first came in. I'm now a weight bearing patient."

People's care needs were assessed prior to admission. On admission, a range of care plans were developed which covered areas of assessed needs, for example mobility, nutrition and social activities. Care plans were detailed and person centred, although some care plans needed more specific information adding; for example, around the setting for people's air mattresses, or justification as to how often people required weighing. We saw evidence people and relatives had been involved in care plan review and their comments and suggestions recorded.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed regularly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

People's end of life care needs were planned for. We saw people and their relatives had been involved in the creation of advanced care plans, setting out people's future wishes.

We looked at what the service was doing to meet the requirements of the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. An Accessible Information policy was in place. The registered manager told us that policies and procedures could be made available in larger print and translated using the local authority translator services if required. We did however identify that more emphasis on communication was needed within some care records; for example, communication care plans setting out how to support people to communicate their views would be beneficial. The registered manager told us they would review this. From their response, we concluded this would take place.

Complaints were taken seriously and investigated and people told us they knew how to raise a complaint if required. One formal and two informal complaints had been raised since our last inspection. These had all been investigated, with the complainant being kept informed of the investigation, results and any actions taken as a result. Many written compliments had been received about the care and support given by staff at Thompson Court.

A range of activities and social opportunities were available for people. One person said, "There is plenty going on." They then went onto describe the events the service had held for Remembrance Sunday the day before the inspection. An activities co-ordinator worked in the service. During the inspection we saw them engaging people with a wide range of activities which included chatting about topics important to people

and arts and crafts. Reminiscence based activities also took place which used sight, sound and smell to evoke people's memories about the past. We saw these activities were well received with people engaged and interested in what was going on. There was also a strong focus on improving independence with exercises regularly taking place to assist people's mobility.

The service worked with organisations in the local community. For example, children from the local school had visited the home as part of the Remembrance Day events. The service was working with the local primary school to commence visits from pupils once the refurbishment work was completed.

Good

Is the service well-led?

Our findings

There was a registered manager in post who provided leadership and support. People spoke highly of the management team. One person commented, "Janine – she's lovely. She's nice. She allows us to bring our pets in. I miss my animals so much... Janine brought her dog in for us to see and let me have a cuddle." Staff told us the management team were approachable, visible and they could speak with them if they had any concerns. Comments included, "Yes, if you've got any problems with anybody you can go and talk about it" and "They just work alongside you and be a team."

A range of audits and checks were in place to help ensure the service operated to a high standard. This included audits of care plans, medicines and health and safety. Where issues were found, action plans were put in place which were worked through to improve the service. We did identify that it would be beneficial for infection control audits to be undertaken to continuously monitor the cleanliness of the environment and staff infection control practices, although we found the home itself to be very clean and tidy and this was commented on by people and visitors.

The feedback of people, relatives and staff were sought on a regular basis. This included thorough resident and staff meetings which were held monthly. We saw a range of issues were discussed with people having a say in how the service operated, including decisions around food, activities and care standards.

The views of people, relatives and staff were also sought through anonymous surveys on a regular basis. Results had been collated to understand any themes and trends. Feedback was overwhelmingly positive showing most people were very satisfied with the service. Where negative comments had been received, these had been acted on to ensure further improvement of people's experiences.

There was a culture of learning and continuous improvement of the service. For example, the environment had been developed in line with best practice guidance. People's views and feedback and information gained through the analysis of accidents was used to make improvements to how the service operated. The registered manager had a good understanding of how the service operated and had helped the service to improve in many areas since our last inspection. There was a strong emphasis on enabling people to be as independent as possible which was evident throughout the inspection.

The service worked in partnership with other healthcare organisations to co-ordinate people's care; for example, the local NHS trust, to provide people with physiotherapy and rehabilitation. These professionals worked in the home on a daily basis. We saw their feedback on the working relationships was sought as part of the annual stakeholder feedback surveys. Feedback was positive and showed professionals thought the service worked well with them.

People and staff we spoke with told us they would recommend the service as a place to live and a place to work.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in

care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home; we found the service had also met this requirement.