

Leafoak Limited

Thurleston Residential Home

Inspection report

Whitton Park
Thurleston Lane
Ipswich
Suffolk
IP1 6TJ

Tel: 01473240325

Website: www.guytoncarehomes.net

Date of inspection visit:

17 July 2017

28 July 2017

Date of publication:

20 September 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

Thurleston Residential Home is a residential care home without nursing for up to 37 people, some of whom are living with dementia. At the time of our inspection 28 people were using the service. The accommodation in Thurleston Residential Home is over two floors and is set in a rural location, just outside Ipswich.

At the last inspection on 15 October 2015 the service was rated Good; at this inspection we found the service remained Good.

On the first day of our inspection there was no manager in post. The previous registered manager had left the week before our inspection, the new manager, who was the services' deputy manager, was in post for the second day of our inspection. The new manager had initiated the first steps to become the registered manager of the service.

The people who lived in the service told us that they felt safe and well cared for. There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe. There were processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised. There were sufficient numbers of trained and well supported staff to keep people safe and to meet their needs. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

Both the manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager knew how to make a referral if required. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their needs. The service listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed.

The manager was supported by the organisation during the run up to them taking up their position as manager. People using the service and the staff they managed told us that the manager was open,

supportive and had good management skills. There were systems in place to monitor the quality of service the organisation offered people.

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 was caring.

People were treated with dignity and respect.

People and their relatives were regularly consulted regarding to the quality of their care and support needs.

People were consulted about how they wished to live their daily lives and this was promoted and respected by staff.

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Thurleston 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 was a comprehensive inspection and was carried over two days, the first day was on 17 July 2017 and this visit was unannounced. The manager was not at the service during our first visit so we carried out a second announced visit on 28 July 2017 so we could speak to the manager and obtain further information about their plans about managing this service when they take up their new post fully.

The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion our expert by experience had personal experience of caring for a relative living with dementia and supporting them while living in a residential service.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During our inspection we spoke with eight people, two relatives, the manager, the deputy manager, four care staff and the provider. We reviewed six care files, four staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

At this inspection we found the same level of protection from harm and risks as at our previous inspection, staffing numbers remain consistent to meet people's needs and the rating continues to be Good.

People told us that they felt safe living at the service. One person told us, "I'm safe enough, if I press the bell they come pretty quick but I don't use it very often." Another person said, "You can have your door locked if you like, that helps me feel safe. I've also got a buzzer if I need help, they come quickly." A relative told us, "[My relative] kept hurting themselves at home; [they] haven't had any mishaps since they have lived here. I know [they're] safe and happy."

While we spoke with people privately in their rooms occasionally there was a knock on the door and a staff member put their head around the door and asked the person whether everything was alright. A staff member explained they knew who normally had their door open so if it was shut they wanted to check everything was alright. This indicated that staff knew people well enough to know their routine and preferences and that they checked people were alright when these changed.

Staff knew how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the organisation's safeguarding and 'whistle-blowing' policies. When concerns were raised the service notified the local safeguarding authority in line with their policies and procedures and these were fully investigated.

Risks had been assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. Risks to individual people had been identified and action had been taken to protect people from harm. This meant that people could continue to make decisions and choices for themselves.

Records showed us that people who had developed eating difficulties and those that had been assessed as being at risk of not getting enough to eat to keep themselves healthy were receiving the care they needed to prevent deterioration and to eat a healthy diet.

People and staff told us that there were enough staff working at the service. One staff member told us, "There are enough of us [staff] to manage, there could be more at busy times but we usually manage." The manager calculated how many staff were required to support people by using a recognised dependency tool. The rotas were planned well in advance and on examination showed the staffing levels reflected what we had seen on the day of our inspection and what we had been told about the planned staffing levels. This meant there were suitable numbers of skilled staff to meet people's needs.

Medicines were safely managed. Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Records were comprehensive and well kept. Staff were observed administering medicines appropriately and they told us they were confident that people received their medicines as they were intended. One person told us, "They give me my pills and watch while

I take them, so they can be sure it's done."

Is the service effective?

Our findings

We found staff had the same level of skill, experience and support to enable them to meet people's needs effectively as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

We saw that there was a policy and procedure in place for the recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service checks on staff. This meant that the service checked upon staff's suitability to work with the people who used the service.

Staff told us that they had the training and support they needed to carry out their role effectively. Records evidenced that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression. People confirmed they thought the staff were well trained, "The carers know how to handle me, they have to use the hoist, I don't mind." Another said, "Staff are well trained, I'm not in a situation where I need much help but if I do, they're always very helpful."

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made and sent to the local authority to be authorised.

Staff continued to demonstrate they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently in areas they were able to. Staff demonstrated they knew people well, and this enabled them to support people to make decisions using the method of communication best suited to them. People told us they were able to make decisions for themselves. One person told us, "I used to go down (for dinner), it got to the stage that I wasn't enjoying it, I was finding it difficult to hold conversation so I now have all my meals here, it's my personal choice." Another person said, "Staff will say, 'are you coming this afternoon?' and I will say no and that's the end of it."

The service had ensured that people were supported to maintain a balanced diet. People told us they were happy with the food they were served. The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. One person told us, "It's very tasty. I have bacon and egg for breakfast. In fact, I started to put on weight so I saw the nutritionist who has cut down what I'm eating because I was putting too much on."

People were supported to maintain good health. Records demonstrated that the staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

One person told us that, "They're always concerned if you're not feeling well, they ask if you need the doctor." Another person said, "The chiropodist does a regular monthly visit and I think the optician comes in once a year."

Is the service caring?

Our findings

During our previous inspection on 15 October 2015 we found that there were occasions when the actions of staff were not as respectful as they could have been. The rating for this key question was Requires Improvement. During this inspection we saw that changes had been made and people told us they were happy living at the service and were complimentary about the staff and felt cared for. The rating is now Good.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and made sure their decisions were acted on. One person said, "I think the staff are very caring, if there's something going on they always come and let me know and ask me if I want to join in." Another person told us, "[The staff] are a wonderful bunch who are friendly and pleasant."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "[The staff] are lovely with [my relative] and [they] reacts well to the staff."

Regular reviews of people's care were carried out and they and their relatives were invited to take part in the review. A relative said, "I attend my [relative's] reviews when invited and we are asked if we want anything to change."

People's privacy and dignity was respected and promoted. One person told us, "They do respect my privacy; they always knock before coming into my room." A relative said "[My relative] normally likes [their] door open, which helps I think because people say hello as they go past."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people on an ongoing basis. A staff member told us, "People never stay the same, sometimes they need more help than on other days."

Is the service responsive?

Our findings

Staff were as responsive to people's needs and concerns as they were during our previous inspection. The rating remains good.

When the manager was serving as the deputy manager they had started to update and renew the format of the care plans and planned to finish the task as soon as possible now they were managing the service. The care plans were now focussed upon person centred care and gave a good quality of information about people's needs and aspirations. The new care plans were an improvement on the old style.

This showed that the service continued to ensure that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to get to know people quickly and to offer support in the way they wanted to be supported. A good understanding of people's preferences and life experiences also helped staff to support people to engage in meaningful activities they enjoyed. One person told us, "I like my television, I choose what I want to watch, I can sit and read and this morning one of the carers sat and we talked about the tennis."

The service routinely listened to people to improve the service on offer. One person said, "Residents meetings are held, they listen to my point of view and I am confident the new manager would make things change." Another told us, "I go to the residents meetings, especially if I have something to say. [The manager] is good, she listens and gets things done."

The service had a robust complaints process in place that was accessible and all complaints were dealt with very effectively. People told us that when they had complained it was handled quickly and dealt with properly. One person told us, "I am sure [the manager] or [the deputy manager] would sort out any problem quickly, I'd speak to either of them, I know they'd do their best."

Is the service well-led?

Our findings

This service continues to be as well led as at the previous inspection. The rating remains good.

The previous registered manager had left the week before our inspection. The new manager had been promoted from the deputy role and was at the service on the second day of our inspection. The new manager had initiated the first steps to become the registered manager of the service.

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. Statutory notifications received showed us that the registered manager understood their registration requirements.

The new manager told us that they had been supported by the providers running up to their promotion and during their time as deputy manager. They said that the providers had continued to support them during their transition from deputy to manager.

The manager had already worked to promote a positive, transparent and inclusive culture within the service. The manager actively sought the feedback of people using the service and staff.

People thought the new manager was excellent. Everyone we spoke with said they thought the care they received was very good and they knew who senior members of staff were including the most recent changes to management. One person told us, "I didn't see the previous manager much though I think she was good. After my falls I got moved to this room because there's more room to use the hoist. I know [the manager] and [deputy manager] and think they are both very good." Another person said, "It's well managed, they help people who can't help themselves and I think the staff work well together."

Staff and people who used the service, unanimously told us they thought the manager had made improvements to their life already and felt able to talk to them about anything they wished. They said the manager was friendly and available if people wanted to speak with them. They felt they could approach the manager if they had any problems, and that they would listen to their concerns. The registered manager was often seen around the home and would stop to say hello and ask how people were as she passed by. One person described how the manager got involved at all levels, "She [the manager] is always around. She stops and chats with me, she will even help if I need something done. I don't have to wait for someone else to come and help me." Another person told us, "[The manager] is full of fun, she makes me laugh. I miss her when she has days off." A relative said, "The manager gets involved. I like the way she talks to [my relative]."

The manager told us that they managed by example and would help out supporting people on occasion, "I like getting involved, It helps me remember what hard work this can be, I try to find ways to make the work easier for the staff so they have more time to spend with the residents."

There were processes in place to enable the manager to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, when equipment was identified as needing replacement or replacement it was done, such as a replacement microwave.

The providers told us they were committed to improving the service they offered to people. They visited the service often to speak with people who used the service and to monitor the quality of service offered. They also met with the manager to support them and offer advice. They bought in an independent quality monitoring organisation, which visited the service at set intervals and reported on actions needed. We saw that the provider had ensured that the recommended action was taken.