

Porthaven Care Homes No 2 Limited







Thirlestaine Park Care Home

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Requires improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The inspection took place on the 8 and 9 October 2015 and was unannounced.

Thirlestaine Park Care Home is a care home for up to 63 people. At the time of our inspection there were 17 people living at the home.

Thirlestaine Park Care Home had 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.

People were not protected against the risk of being cared for by unsuitable staff because robust recruitment procedures were not applied.

People were protected from the risk of abuse by staff who understood safeguarding procedures.

Summary of findings

There were sufficient numbers of staff who received appropriate training and had the right knowledge and skills to carry out their role. People's medicines were managed and stored safely.

Thirlestaine Park Care Home protected people's rights through an understanding of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

People were treated with kindness, their privacy and dignity was respected and they were supported to maintain their independence.

People received personalised care and there were arrangements in place for people and their representatives to raise concerns about the service.

The vision and values of the service were clearly communicated to staff. Quality assurance systems were in place to monitor the quality of care and safety of the home. As part of this, the views of people using the service were taken into account and responded to.

We found a breach 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 fully safe.

People were not protected against the appointment of unsuitable staff because robust recruitment practices were not in operation.

People were safeguarded from the risk of abuse because staff understood how to protect them.

People's medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff with the knowledge and skills to carry out their roles.

People's rights were protected by the use of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards

People were consulted about meal preferences and supported to eat a varied diet.

People's health care needs were met through on-going support and liaison with healthcare professionals.

Good



Is the service caring?

The service was caring.

People were treated with respect and kindness.

People and their representatives were consulted about the care provided to meet their needs.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Good



Is the service responsive?

The service was responsive.

People received individualised care and were supported to take part in a choice of activities in the home and the wider community.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Good



Is the service well-led?

The service was well led.

The vision and values of the service were clearly communicated to staff.

Good



Summary of findings

The manager was accessible and open to communication with people using the service, their representatives and staff.

Quality assurance systems were in place to monitor the quality of care and safety of the home.

Thirlestaine Park Care 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 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.

This inspection took place on 8 and 9 October 2015 and was unannounced. Our inspection was carried out by one inspector. We spoke with four people who used the service and one visiting relative. We used the Short Observational Framework for Inspection (SOFI) for people living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, the

deputy manager the regional manager, the administrator, three members of care staff and the leisure and wellness manager. We carried out a tour of the premises, and reviewed records for four people using the service. We also looked at six staff recruitment files. We checked the medicines administration records (MAR) and medicine storage arrangements for people using the service.

Before the inspection, the provider completed a provider information return (PIR). The PIR 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 also looked at notifications the service sent to us. Services tell us about important events relating to the service they provide using a notification.

Before our inspection we received information from two health care professionals who had been involved with the service.

Is the service safe?

Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not applied. Four members of staff had been employed without checks of their conduct and verification of reasons for leaving all of their previous employment which involved caring for vulnerable adults. Information had been received about one staff member's conduct from a person who did not hold a management post. Therefore they would not have been in a position to provide satisfactory information about the applicant's conduct. The registered provider's recruitment procedures did not reflect the regulations relating to employment checks for staff working with vulnerable adults.

We found that the registered person was not operating effective recruitment procedures because they did not ensure all the information specified in Schedule 3 of the Health and Social Care Act (Regulated Activities) Regulations 2014 was available.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Disclosure and barring service (DBS) checks had been carried out before staff started work. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Checks were in place on applicant's health and checks were undertaken to ensure nurses held current registration with the nursing and midwifery council.

Where agency staff were used appropriate checks were in place based on information supplied by the agency to the home. Agency staff also received an induction to the environment of the care home and relevant working practices.

People were protected from abuse by staff with the knowledge and understanding of safeguarding policies and procedures. Information given to us at the inspection showed all staff had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Contact details for reporting a safeguarding concern were available for staff. People we spoke with told us they felt safe living at Thirlestaine Park Care Home. Staff

were confident any allegations of abuse would be dealt with correctly. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

People had individual risk assessments in place. For example there were risk assessments for pressure area care, falls and moving and handling. Pressure area care risk assessments recorded a monthly check on people's skin integrity. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. People's safety in relation to the premises and equipment had been managed with action taken to minimise risks from such hazards as legionella, fire and electrical faults. Personal fire evacuation plans were in place for people using the service should they need to leave the building in an emergency. A plan for dealing with emergencies that may interrupt the service was under development.

People told us they felt there were enough staff to meet their needs. One person said the home was "adequately staffed". The registered manager explained how the staffing was arranged to meet the needs of people using the service. Staff also felt there was sufficient staff to meet people's needs.

People's medicines were managed safely. Staff responsible for administering medicines had received training and competency checks. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration. Individual protocols were in place to guide staff giving medicines prescribed to be given as necessary. There were appropriate records of medicines received into the care home and of medicines returned to the pharmacy. People's medicines were stored securely and at the correct temperature with storage temperatures monitored and recorded daily. Checks completed at the end of each medicine round were a way of ensuring that any omissions including giving people their medicines or in the recording of this could be promptly dealt with. The approach was that people would continue to keep and administer their own medicines subject to risk assessment. Locked facilities were available for people who kept their own medicines. During our inspection we saw how one member of staff

Is the service safe?

raised concerns about how a person could safely administer their medicines which prompted a discussion which would lead to a risk assessment and mental capacity assessment.

People were protected from risk of infection through action taken following audits. We found the environment of the

care home had been kept clean and people we spoke with also commented on this. The laundry had washable floor and wall surfaces, facilities for staff hand washing and separate doors for laundry to be brought in and taken out when clean.

Is the service effective?

Our findings

People using the service were supported by staff who had received training for their role. Staff were enthusiastic about attending training and although they felt the training they had received was enough they were keen to attend more. One staff member said “I am doing as much training as I can”. Induction training in line with national standards had been completed by staff where appropriate and more recently the new Care Certificate qualification had been introduced for new staff. One person using the service told us they were “impressed” with the induction and training staff received. Training was provided to meet the specific needs of people; nurses had received training for using a syringe driver. An update to this training had been provided by district nurses prior to a person using a syringe driver moving in to the care home. Staff had regular individual meetings called supervision sessions with the manager or a senior staff. The effectiveness of supervision sessions was demonstrated by one person who told us their desire to become a dementia link worker had been realised following them raising this at supervision. People made positive comments about staff such as “I have no complaint about any of the staff” and “they are very well trained”. Effective team working was demonstrated at lunchtime where care, activities and catering staff all worked together to support people.

People’s consent to care and treatment was sought appropriately and this was supported by the correct use of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. The registered manager was aware of a recent court ruling regarding protecting the liberty of people in care homes. Applications had been made to restrict the liberty of six

people using the service and decisions were still awaited for these. Staff demonstrated an understanding of the principals of the MCA such as specific decisions being made in people’s best interests where an assessment showed they lacked mental capacity. We saw an example of a ‘Do not attempt resuscitation’ order for one person. This had been completed by a GP and recorded consultation with the person, a relative and staff due to the person lacking mental capacity.

People were regularly consulted about meal preferences. Minutes of food forum meetings involving people using the service and relevant staff showed how people were asked for their opinions on meals, drinks and snacks. Detailed discussions about meals and how they were served included suggestions for improvements with these noted for action. People were positive about the meals offered and confirmed there was a choice of meals available. The registered manager described plans for introducing a second menu to supplement the existing menu to provide more choice. Two people who had lived at the care home since it opened both commented on how meals had improved. One person told us the meals were “super” and there was “a good menu”. A private dining room was available for people who wished to take meals with visitors or for celebrations such as birthdays.

People’s healthcare needs were met through regular healthcare appointments and visits from healthcare professionals such as GPs, community nurses and chiropodists. People told us how they were visited by a GP if needed. Nurses liaised with healthcare professionals on behalf of people where necessary. A specialist health care professional told us “The staff have contacted me appropriately when required”. A meeting had been held with a local GP practice covering the home to establish working relationships. People also received input from district nurses, and chiropodists. Records were kept of visits by health professionals. Where necessary people had care plans for specific long term or short term health care needs.

Is the service caring?

Our findings

People made positive comments about the caring attitude of staff. One person commented “staff are extremely, kind, helpful and caring” and added staff were “professional but not aloof”. Another person said staff were “caring without exception”. One visitor confirmed staff were “kind and caring” and staff had “the right approach”. People had developed positive relationships with staff. The PIR stated “we operate a key worker and named nurse principle thus building strong relationships with residents”. One person told us the member of staff allocated to work with them had “helped me tremendously” and added “I have been well looked after from the beginning”. In order for staff to understand the people they were caring for, information about people’s backgrounds their interests and important relationships were recorded. A visitor we spoke with had been asked to complete such information for her mother to enable staff to gain further insight into the person’s background. A member of staff said “people are looked after very well”.

During our inspection visit we observed how staff responded promptly to information from a visitor about a person’s discomfort. Staffs response included practical steps to relieve the persons discomfort and arranging a visit by a GP.

During our observation at lunchtime we noted staff speaking to people both socially and to check on their wellbeing. People’s needs with eating and drinking were met with and staff were attentive and respectful to people. A calm atmosphere was achieved for people to enjoy eating their lunch. One person was reluctant to eat their meal and staff dealt with this in a patient and sensitive way.

People were aware of resident’s meetings where they could give their views on the service provided. Residents meetings were held on a quarterly basis with Dining Forum meetings held every month. People were provided with

news about developments at the care home and gave their views on such areas as staff issues, menus, and the environment of the home. The registered manager was aware of where to find information about advocacy services. The PIR stated “we have access to Gloucestershire Advocacy services should the need arise”.

People’s privacy and dignity was respected. The PIR stated “resident’s privacy and dignity is always maintained and staff always knock before entering their rooms”. People told us staff knocked on the doors of their rooms before entering and this was the practice we observed during our inspection. Staff gave us examples of how they would respect people’s privacy and dignity when providing care and support such as keeping doors and curtains closed and ensuring people were not disturbed. One member of staff said “we are their advocate for privacy and dignity” another told us “That is important, you have to give them their privacy, dignity and choice as well”. One person spent time researching family history on their computer and preferred not to be disturbed when concentrating on this. They had told staff about this and a ‘do not disturb’ notice had been made for the person to place on their door. Another person told us “It is the privacy and respect I welcome”.

People were supported to maintain independence. Staff gave us examples of how they would act to promote independence such as recognising that people who ate meals slowly should be enabled to continue feeding themselves as opposed to staff assisting them. One member of staff described such an approach as “prompting rather than doing things for them”. Care plans reflected the approach for promoting people’s independence. People were free to receive visitors, one person told us how a friend often visited to play a board game with them. A relative of a person using the service commented positively about the welcome they received when they visited the home.

Is the service responsive?

Our findings

People received personalised care and support. The PIR stated “We treat each resident as an individual and each resident has a care plan tailored to their individual requirements”. Care plans were personalised with specific and individualised information about people’s needs and the actions for staff to take to meet them. Information about people’s social backgrounds and relationships was recorded for staff reference. Information recorded about one person was that it was their preference to watch television with subtitles due to a hearing impairment. We observed the person doing this in one of the communal lounges. Care plans had been kept under review with a system of reviewing them on a monthly basis. To emphasise the approach of personalised care some care plans had been written from the perspective of the person. Staff demonstrated knowledge of personalised care and how this would be provided. They told us personalised care meant “people have a choice” and “treating a person as an individual”.

The provision of individualised activities was viewed as a key part of the service provided. This was described in a document “The Whole Home Approach: A Vision for Every Resident”, “It is our vision that every resident is supported to carry out person-centred activities within the home and the community and encouraged to maintain their hobbies and interests.” A range of activities were organised under the homes leisure and wellness framework. Leisure and wellness coordinators organised activities and were managed by a leisure and wellness manager who described the approach as “facilitating people doing their own thing”. One person commented “She arranges a good programme”. Another person told us “I never get bored”. Trips out in a minibus ending in a pub lunch were regular and popular events. A visitor told us how they arrived one day and were pleased to find their relative listening to classical music with other people. This was something they had enjoyed before moving into the home. Activities such as painting and printing took place in a dedicated room

where we viewed printing work completed by people. One person ran a weekly music club for the whole home which took the form of playing a selection of music on gramophone records. A monthly interdenominational Christian service was held in the home for those that wished to attend.

People had been involved in a garden challenge competition with other homes operated by the registered provider. Thirlestaine Park Care Home had been awarded second place. A resident with relevant experience of planning gardens had led the work. They proudly described their role to us. The work had involved all the people using the service at the time assisted by staff. Where people preferred solitary as opposed to group activities this was recognised and recorded in care plan documents for staff reference.

The home had consulted Stirling University when designing the environment of the floor for people living with dementia. The aim was to create as normal an environment as possible with suitable adaptations. These included memory boxes outside of people’s rooms containing items relevant to their lives, bold coloured light switches and a pictorial activities calendar. In addition, in individual rooms adaptations such as night lights enabled people to orientate themselves to where the toilet was if they awoke at night. We also observed the use of bold coloured crockery at lunchtime where this was appropriate for people’s needs. A local expert in dementia care had also visited the home and made some suggestions for improvement which were being considered.

There were arrangements to respond to any concerns or complaints. Records showed, complaints were recorded, investigated and responses provided to complainants. The complaints procedure was displayed on notice boards with information also provided to people in the residents’ handbook. One person said “I wouldn’t be afraid to make a complaint”. Another told us if they had a complaint they would approach the registered manager. Complaints were monitored through the use of a monthly audit.

Is the service well-led?

Our findings

The vision and values of the service, outlined in the philosophy of the registered provider were clearly communicated to staff. The philosophy included the statement “At Porthaven our aim is to provide an environment that Service Users can regard as their own home. Individual wishes and choices and the need for privacy will be respected at all times”. The approach that care would be delivered through the leadership of appropriately trained and motivated registered nurses and senior care staff was communicated at staff meetings such as the nurses and seniors meeting for September 2015.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider’s organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The home had a registered manager who had been registered as manager of Thirlestaine Park Care Home since November 2014 (the manager was registered originally under the provider Porthaven Care Homes Ltd in November 2014. The provider subsequently changed to Porthaven Care Homes No 2 Ltd and the manager re-registered in February 2015). The manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

The registered manager was visible, accessible and approachable to people using the service their representatives and staff. One person said “The manager gets to know people well”. They told us how they made suggestions to the registered manager and these were

“taken on board”. A member of staff told us the manager’s door was “always open”. Minutes of staff meetings demonstrated that staff were kept informed about developments in the service. People were positive about the management of the service. One person commented the service was “extremely well managed”. Another said they had “great respect” for the registered manager. Staff were also positive with one commenting on the “good leadership” and another describing a “well-run care home.”

The service aimed to establish links with the local community to promote the service and for the social benefit of people using the service. Links with local community had been made through inviting people from the adjoining assisted living housing to events and links with local colleges. Events had also been held which the general public could access such as talks. The home had also been used as a venue for clinics open to the public by healthcare professionals.

People benefitted from checks to ensure a consistent and safe service was being provided. A series of audits were in place to check the quality of the service provided. These included audits on such areas as complaints, pressure ulcers, accidents and staff training. The PIR stated “we work to a yearly program of planned audits to regulate the service, whenever we are audited we produce action plans for improvement that we work to as required”.

The views of people using the service and their representatives had been sought through questionnaires. We saw a selection of those received and they contained positive comments about the service. Completed surveys were sent directly to the office of the registered provider and then to the care home. The registered manager described a plan for an annual survey of people using the service and their representatives.

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

Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Treatment of disease, disorder or injury

The registered person was not operating effective recruitment procedures because they did not ensure all the information specified in Schedule 3 was available.