

Worcestershire County Council

Timberdine Nursing and Rehabilitation Unit

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 

Overall summary

The inspection was unannounced and took place on 18 and 19 August 2015.

There were 36 people receiving rehabilitation at the unit on the day of the inspection. There was a registered manager in place. 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 told us they felt safe and well cared for and staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safe.

Summary of findings

People were cared for by staff that demonstrated knowledge of the different types of potential abuse to people and how to respond to actual or suspected abuse.

People told us their needs were met promptly and staff said that sufficient staff numbers enabled them to meet people's needs and perform their roles effectively.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

People were positive was about the food they received. People accessed other healthcare professionals such as GP's, occupational therapists and physiotherapists to aid their rehabilitation.

People using the service were positive in their feedback about the service. People were involved in making decisions about their care and treatment. People said their privacy and dignity was maintained and we made observations that supported this.

People received care that met their individual needs. People were encouraged to express their views and give feedback about their time at the service. People said staff listened to them and they felt confident they could raise any issues should the need arise.

Staff spoke highly of the management team and felt supported. Staff and external health professionals told us the culture of the home was positive and spoke highly of the teamwork within the service. The quality of service provision and care was continually monitored and actions taken where required.

The service is certified to the Customer Service Excellence Standard. This is an externally assessed standard looking at customer-focused change within an organisation.

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 safe.

People received care from staff who they felt safe with. Staff supported people to manage any risks identified to help them become more independent and enabled people to take their medicines when they needed them.

Good



Is the service effective?

The service was effective.

People were supported by staff who received training and on-going support to enable them to provide good quality support.

People's nutritional needs were met. The menus we saw offered variety and choice.

Good



Is the service caring?

The service was caring.

People said they liked the care staff who supported them.

People received care that met their needs. Staff provided care that took account of people's individual needs and preferences and offered people choices.

Good



Is the service responsive?

The service was responsive.

People received care which met their needs and when they needed it.

People were involved in decisions throughout their care and treatment.

Good



Is the service well-led?

The service was well-led.

People were cared for by staff that felt supported by the management team.

The management team had systems in place to check and improve the quality of the service provided and take actions where required.

Good



Timberdine Nursing and Rehabilitation Unit

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 the 18 and 19 August 2015 and was unannounced. The inspection team consisted of two inspectors.

On the day of the inspection the unit provided a rehabilitation service for 36 people. There was a multi-disciplinary team that supported people which included physiotherapists, occupational therapists, nurses and carers.

During the inspection we spoke to seven people who were receiving rehabilitation and to three relatives. We also spoke to four members of staff, the registered manager and three external health professionals who visit the home.

We looked at three records about people's care, the complaints file and records and reports of checks completed by the service.

Is the service safe?

Our findings

People were positive about staff and the support they received. One person told us, “staff are very good and look after me”. A relative told us. “They (care staff) have kept [relative’s name] safe. they have kept them from falling which is a miracle.”

People were cared for by staff who recognised the types of abuse people could be at risk from. Staff told us they had received training in safeguarding and identified the different types of abuse. Staff told us they would take action and inform the manager or other senior management if they suspected someone was being abused.

People told us that care staff were available when they needed them. We observed that staff were not rushed when they were attending to people’s needs. One relative said, “I have no concerns with staff levels.” Staff we spoke with told us they felt there was enough staff. People’s needs were reviewed when they entered the service to ensure there were sufficient numbers of staff to support people. Staffing numbers were assessed based on people’s need and were increased when required. For example, when people are unable to swallow or eat enough and require additional support, staffing numbers were increased to reflect this.

People told us they felt supported, one person told us, “Staff are caring and supportive.” Staff we spoke with were clear about the help and assistance each person needed to support their safety. We saw staff giving encouragement to

and supporting people with their specialist walking aids. We saw people encouraged to walk from their rooms to the communal lounge. Staff ensured they observed people as they walked and stayed within reach of the person should they need assistance. A staff member confirmed to us how they supported a person with a visual impairment to ensure they were assisted to move confidently around the unit and remain safe.

People were supported with their medicines. We observed a medicines round with a member of staff. The member of staff giving medicines, introduced themselves to each person and asked they were “Okay to take their medicine”. We also observed the staff member asking people if they were in pain or required additional pain relief and remind people they could always ask later if required.

The manager told us about one medication concern that was recently identified. The manager was able to tell us how they had investigated and we saw that control measures had been put in place to address the issue and minimise the risk of further occurrences.

There were assessments in place for people to self-medicate and this was reviewed as people approached discharge. We saw that there were appropriate facilities for the storage of medicines includes examples of safe storage of controlled drugs and how they stored medicines that required refrigeration. Medication was reviewed each day by the member of staff, to ensure people received the correct amount of medication. Any issues highlighted were address by the registered manager.

Is the service effective?

Our findings

People were supported by staff who received specialised training. One relative we spoke to was very positive about the staff and how they supported their family member's needs, they told us "Care staff are knowledgeable as well as caring".

People and their families spoke positively about the staff who supported them. One relative said, "I am very happy with [person's name] care here, I have no concerns. Their condition has greatly improved since arriving here so I am happy." Another relative said "Care staff give high quality care."

Staff at the service had had specialised training to support people living with a Stroke. One staff member told us training about the effects of a stroke had given her a greater understanding of different approaches based on people's needs and had improved her support to people for example, assisting people with swallowing difficulties. We observed staff support people to improve their mobility and independence for example we heard a staff member tell a person, "You've had a lot of motivation and determination today and you've achieved lots. Well done." Staff were also supported by specialist staff, such as Physiotherapists, to keep their training up to date.

Staff told us they were supported by the management team and that they received regular supervisions. The supervisions gave them opportunity to discuss issues and also discuss any further training needs. Staff also completed a Staff Review and Development with their manager, which assessed their performance and set objectives to be achieved each year.

We saw staff asking for people's consent before providing support. We saw that when one person refused support the staff member respected this and said they would come back later to check again. One staff member told us where people are unable to give verbal consent they look for facial expressions and hand gestures to gain consent and enable people to communicate choices.

The registered manager told us people's capacity is assessed on admission and where required best interests decisions are made involving the family, GP or nurse. There is also an on-site Social worker who can offer advice to people.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. The registered manager had applied for a DoL authorisation on five occasions, one of which had been cancelled when it was assessed that the person's capacity had changed. This showed that the process used reflected people's changing capacity.

People told us they enjoyed their meals. People were supported to have drinks and snacks throughout the day. People's nutritional needs had been assessed by the dietician and other referrals were made where more specialist support was required, for example to a speech and language therapist. We spoke to the speech and language therapist and they told us how they worked together with the person, the care and catering staff to ensure that people's individual needs were catered for. For example, staff knew which people required thickened drinks as part of their diet. One person told us they needed extra fluids and that staff supported them with this and we saw the person being offered a choice of drinks periodically throughout the day.

People had access to other healthcare professionals such as occupational therapists and physiotherapists in order to achieve the goals identified on admission to the service. People were temporarily registered with a local GP practice for the duration of their stay at the service to ensure they had prompt access to a GP. A GP from the practice visited the service every day and this enabled all people admitted to see a healthcare professional on their first day in the service and then throughout their stay as required. The GP told us that staff were, "very skilled" at picking up any health concerns.

Is the service caring?

Our findings

People spoke highly of the care staff. We received positive comments about the caring attitude of staff from people and relatives. One person told us, “Staff here are first class” and that “staff always have time”.

People engaged positively with staff. Staff communicated with people in a friendly manner and we heard staff chatting with people as they walked around the unit, offering people support and reassurance where necessary. Staff understood that an important part of their role in their job was to encourage independence to ensure that people developed the necessary confidence and ability to return to their own homes. One person told us, “The staff have cared for me well here and they have been very helpful getting me ready to go home.” We also saw other positive examples throughout the day. When one person became anxious a member of staff was able to offer reassurance by sitting and chatting with the person and holding their hand until they settled. The member of staff spoke clearly and positively to the person and encouraged them in ways to manage their anxiety themselves.

Compliment cards sent to the home were displayed on notice boards within each unit. They were from people who had previously used the service during rehabilitation and their relatives. All of the cards provided very positive feedback about the unit and the staff. For example, one person wrote, “The care, support, encouragement and nursing he has received...can only be described as fantastic.” Another person had written a thank you letter which was published in the local paper saying, “From the minute we arrived until we left....nothing was too much trouble.”

People told us they were involved in decisions throughout their care and treatment. Records showed that a ‘goal

setting’ meeting was completed on admission to the service and reviewed throughout at progress meetings to assess changes. One relative said “[My relative] was at the centre of the review. They [the staff] couldn’t have handled it better. We were all given the opportunity to have input.” A discharge planning meeting was also undertaken with people.

People’s friends and relatives visited when they chose. Relatives we spoke to said they felt welcomed at all times and “could visit freely” another relative said “It’s a lovely relaxed atmosphere.” We saw relatives making their own hot drinks in the units and speaking positively with staff.

We also observed staff asking people in one lounge if they were warm enough, the staff member asked if people had felt ‘chilly’ and preferred the door closed over for a period, they then asked people individually if they would like a cardigan or jacket. The staff member then talked to the three people in the lounge about the weather and forecast for the week.

People said they felt respected by the staff at the service and they said staff treated them with dignity. We observed staff asking if people wanted their bedroom doors open or closed and offering additional seating to visitors so they could visit their relative in the privacy of their own room.

We saw that staff were respectful when they were talking with people or to other members of staff about people’s care needs. For example, we saw that when staff spoke to each other regarding care they stepped out of the communal lounge area.

Staff confirmed they attended dignity training and a dignity tree was viewed in the reception area of the service. The tree had cards attached, each card had a pledge from a member of staff on how they would promote peoples dignity.

Is the service responsive?

Our findings

People and their relatives said the staff met people's needs, one person told us, "It doesn't matter what you request, they help you". Another person told us that when they raised a concern, a meeting had been held and the unit had made changes, the person said, "it was all sorted and everything is okay now."

People were supported by staff that understood their individual needs. Within people's care records we saw an assessment of people's needs. One member of staff told us this assessment helped to develop a care plan for the person to ensure they received the care appropriate to their needs. The care plans provided guidance for staff to support the person with all aspects of their daily living needs. For example a member of staff told us that when they noted that one person used a particular walking aid, this was checked with the occupational therapist, an assessment made and it was agreed with the person and then recorded in their care plan.

People were supported by a key worker. A key worker is a dedicated member of staff who is responsible for a person's welfare and was a main contact with the person's family or representative's. One element of their role within rehabilitation was to signpost people to other services, this enabled people to access support whilst in the unit and also when they returned home. One person said, 'Staff have helped me get ready to go home.'

People's care was understood by staff who described how they got to know people. Staff told us that due to the nature of the service, many people they cared for would leave within a few weeks of arrival and said that due to this they had to learn people's preferences quickly. They told us that at the initial meeting, they would learn about and record people's preferences for drinks, daily routines and meal preferences. People's care records were updated with this information.

People we spoke to felt that the staff knew them and we saw that when one person showed signs of pain, staff

recognised this and responded by offering assistance. Staff told us working on smaller units enabled them to get to know people better and also get to know their families better.

We spoke to the catering manager and they explained how they had to cater for specialist needs with quite short notice on occasions. To help them manage this, they held a stock of different foods which would enable them to cater for different needs such as gluten free or diabetic diets. For example, a person who required a gluten free diet had just entered into the service prior to the inspection. Catering staff had visited the person to check on their personal requirements and discuss their preferences. We were told by the catering manager that they operated a six week menu that reflected the different seasons. They also varied this to take account of unexpected changes to the weather, for example offering ice cream on a hot day. Catering staff work closely with healthcare professionals, for example to the speech and language team, to ensure that appropriate meals are offered to people. They told us, "the kitchen is very responsive."

The service provided specific social activities for people during their rehabilitation for example, movement to music. There was a communal lounge and communal kitchen on each unit where people were could spend time together and some people told us how they liked to spend time in the gardens. The registered manager said that people's choices were respected about how they wished to spend their day.

People said they felt able to complain or raise issues should the situation arise, however people we spoke with told us they had no complaints and had not had to raise any issues since arriving at the service. There was a complaints procedure and we saw that two complaints had been received during the last twelve months. The service had investigated the complaint and the supporting documentation showed the progression and conclusion of the complaint.

Is the service well-led?

Our findings

People told us that they felt all staff at the service were good. One relative had written, “From the manager ...to the cleaners...they were all amazing.” The provider had a clear management structure and the registered manager had access to information and support. The manager told us they benefited from joint learning across other services in the group. The manager spoke positively about their staffing team and felt the team all worked well together.

People knew who the registered manager was. We saw that they talked to people, who showed they were familiar with her. The manager had a clear understanding of the people they were supporting. In one instance the registered manager talked to one person about an external service they were visiting the next day to assess if it was suitable for the person who was due to be discharged.

People were able to share their experiences, the service had a ‘Have your say’ questionnaire that people were encouraged to complete when they left the service. The questionnaire asked, for example, “Do you feel involved and listened to?” A report summarising responses was produced and was available on notice boards throughout the service. We saw that people rated the service highly, gave positive feedback about staff skills and being treated with respect and no significant areas of concerns were identified.

One suggested improvement highlighted in the questionnaire was that people would have liked access to

Wi-Fi during their stay. As a result of this feedback Wi-Fi had now been installed and we met with one person who was able to use their computer to communicate with family and access emails for their business. They said ‘It’s great, I have been able to check my emails and orders and make replies.’

We spoke to the registered manager and they had demonstrated a good knowledge of all aspects of the service and their staff team. They were also able to confirm plans for the service going forward. The service had a programme of audits to monitor the quality of the care in the unit. Checks and audits were scheduled over twelve months, with one specific focus area each month. Actions where needed, where identified and actioned. The manager supported an open and supportive culture within the service and had held conversations with staff to ensure shared learning.

The service is certified to the Customer Service Excellence Standard. This is an externally assessed standard looking at customer-focused change within an organisation. The service was reviewed in August 2015 and assessed in five areas including culture of the organisation, delivery and timeliness and quality of service.

All staff and visiting healthcare professionals we spoke to said they felt it was a good service and cited good communication as being one of its strengths and the reason why they felt the service worked so well. One visiting professional spoke positively about the culture of the home which they said was, “open and honest.”