

Shaw Healthcare (de Montfort) Limited

Thorndale

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 the 4 April 2017 and was unannounced.

Thorndale provides accommodation for older people requiring support with their personal care. The service can accommodate up to 60 people. At the time of our inspection there were 50 people living at the home. The home is divided into three distinct areas which are situated on three floors of the home. The Laburnum and Holly, Willow and Magnolia areas provide care to older people with varying levels of care needs. The Cherry and Lilac areas provide support to people living with dementia. People live in the area that is best suited to their assessed needs.

The service 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 cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

People received care from staff that knew them well and were kind, compassionate and respectful. Their needs were assessed prior to coming to the home and individual care plans were in place and reviewed regularly to ensure people's needs could be safely met.

Staff were supported through regular supervisions and undertook training which helped them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

There were sufficient staff to meet the needs of the people; staffing levels were kept under review to ensure that people's needs were met in timely way.

There were systems in place to monitor the quality and standard of the service; action was taken to address any shortfalls. The registered manager was visible and open to feedback, actively looking at ways to improve

the service.

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.

People felt safe and staff understood their roles and responsibilities to safeguard people.

Risk assessments were in place to ensure people's safety.

There were sufficient staff; staffing levels were reviewed regularly to ensure people's needs could be met.

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Good ●

The service was effective.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Good ●

The service was caring.

People received their support from staff that were friendly and treated them with kindness and compassion.

People were treated as individuals and staff respected people's

dignity and right to privacy.

People were encouraged to express their views and to make choices.

Visitors were made to feel welcome at any time.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they came to stay at the home to ensure that all their individual needs could be met.

Staff knew people well and there was an activities programme which took into account people's individual and group interests.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The views of people's experience of their care and support were actively sought to enable the registered manager and provider to look at ways to continually improve the service.

There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

Quality assurance audits were regularly completed by the registered manager and monitored by the provider to ensure that standards were maintained.

Thorndale

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 unannounced inspection took place on 4 April 2017 and was undertaken by one 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. In this instance our expert-by-experience had cared for a relative living with dementia.

Before the inspection we reviewed the previous inspection reports and checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

During our inspection we spoke with 14 people who lived in the home, 15 members of staff including five care staff, an activities co-ordinator, three domestic staff, three team leaders, the deputy manager, the registered manager and provider. We were also able to speak with three relatives who were visiting at the time of the inspection and we observed the interactions of people with staff. We undertook general observations in communal areas and during mealtimes.

We looked at records and charts relating to five people and three staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, feedback from surveys and arrangements for managing complaints.

Is the service safe?

Our findings

At our last inspection in May 2016 we found the provider to be in breach of Regulation 18 (1) Staffing. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, there was not always sufficient enough staff deployed to meet people's needs in a timely way. At this inspection we found that there was sufficient number of staff to meet the needs of the people, currently living at the home, in a timely way. People told us that they felt the availability of staff had improved and they were not kept waiting for support. One person said "Things are better; I never have to wait for too long." We observed that staff were attentive to people's needs and responded when needed. The provider kept the staffing levels under review and had a system in place to closely monitor the level of need of each person. The registered manager confirmed staffing levels were adjusted if needed and that the provider proactively sought additional funding for people if there was a need to increase the level of support for people. We saw from staff rotas that the assessed level of staffing was maintained throughout the week.

People were able to call staff to assist them by using the call bell system in the home, with bells in each room. We observed that staff had ensured that when people stayed in their own room they had access to their call bell. People told us they felt safe; one person said "I feel safe here, no worries." A relative commented "[Relative] is very well looked after here; they are safe."

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. One member of staff told us "I would not hesitate to report any concerns I had to [Name of deputy and registered manager]; we are all here to protect people." We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team were all readily available to staff. Staff told us that if they had any concerns they would speak to the registered manager or deputy manager and if they were not satisfied with what happened they would report the incident outside of the home. We saw that the registered manager had contacted the local safeguarding team when any concerns had been raised. Any issues raised had been appropriately investigated and actions taken whenever necessary.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. Records showed that the care specified had been provided for example people were supported to change their position regularly and had their food and fluid intake monitored to ensure their well-being. We saw that the information recorded for each person was kept up to date and that the information was regularly collated which helped the registered manager to monitor people's general health and well-being and keep them safe.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

People received their medicines, as prescribed, in a safe way and in line with the home's policy and procedure. One person told us "I'm given my medication on time and it's always right."

We saw staff spent time with people explaining their medication and ensuring they had taken their medicines. Medicine records provided staff with information about a person's medicines and how they worked. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used. People's medicine was stored securely in a locked cabinet within a locked air conditioned room. The registered manager ensured regular audits of the medicines were undertaken and any issues identified were dealt with in a timely fashion to ensure medicine errors did not happen, and if they did they could be rectified. There was a system in place to safely dispose of any unused medicines.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place which was kept alongside clinical risk assessments held in a fire evacuation folder; this ensured that in the event of a fire information was readily available to the senior staff that may need to evacuate the building. Equipment used to support people such as hoists were stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis. Action was taken as appropriate and the information shared with the provider as part of a monitoring process.

Is the service effective?

Our findings

People were supported and cared for by a well trained staff team. People told us they felt confident in the skills and knowledge of the staff. One relative commented "The staff are good; they all seem to know [relative]; there is a personal touch."

All new staff undertook an induction programme which was specifically tailored to their roles and experience. Newly recruited staff also undertook the Care Certificate which is based on 15 standards. It aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. In addition to in-house training and on-line based training all new staff shadowed more experienced staff over a period of time until they were assessed to be competent in their role. New staff did not care for people independently until they had undertaken all mandatory training which included moving and handling, safeguarding and infection. One member of staff told us "I worked alongside other staff for a few shifts until I was confident to work alone."

We looked at staff files to review the training provision. Training in key areas such as first aid, fire safety, medication, moving and handling and safeguarding was refreshed regularly to ensure staff kept their skills and understanding up to date. We noted that staff had appropriate qualifications to reinforce their abilities in their work. One member of staff told us they were encouraged to undertake further training in specific areas such as dementia. We observed that following our last inspection the training that the team leaders had undertaken in relation to delivering person centred care that staff interactions with people had improved and people's overall experience of living at Thorndale had improved. Staff spent time talking to people throughout the day outside of undertaking personal care tasks. Staff told us that they were able to discuss and reflect upon their training needs in supervisions with their team leader. We saw that the provider maintained a training matrix for staff which ensured that staff were booked on to any training they needed. Staff felt supported and listened to. Staff told us they received supervision regularly. One member of staff told us "I am well supported; you don't have to wait for supervision to talk about any issues you may have. We are encouraged to do more training."

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 decisions 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 when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. All staff had been issued with a card which detailed the five principles of the MCA which helped staff have the confidence in their own understanding of the MCA. We saw that DoLS applications had been

made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals.

People were involved in decisions about the way their support was delivered. Staff sought people's consent before they undertook any care or support. Throughout the inspection we heard staff asking people what support they needed or what they wanted. For example we heard one member of staff ask someone "Is it okay if [name of person] comes in to check the electrics in your room?" Another "Do you want some help with that (member of staff was referring to assisting someone with their meal)" People were encouraged to do as much for themselves as possible.

People were regularly assessed for their risk of not eating and drinking enough; staff used an assessment tool to inform them of the level of risk which included monitoring people's weight. If a risk had been identified a daily record was kept which demonstrated that staff monitored people's fluid and food intake. If there were any concerns about people not getting enough nourishment referrals had been made to the dietitian and speech and language therapist for advice and guidance. We saw that food was specially prepared for those people who had difficulty swallowing.

People were supported to eat a healthy balanced diet. There was a choice of meals available each day and the cook was able to offer alternatives if someone did not like what was on the menu. One person told us "The cook is amazing; they came to see me to discuss what food I can eat and what I can't; there is a list on the wall. If I can't eat what is on the menu the cook makes me an alternative." At our last inspection we received mixed comments about the choice and standard of the food, although there were still some mixed comments overall people were happy with the choice offered and some people felt the standard of the food had improved. One person said "The food is very good; we're always given the food that we like." A relative commented "The food is varied; there's a choice and something different every day of the week. On birthdays etc. the catering staff go to town, they make lovely birthday cakes."

The registered manager continued to actively work with the people and the cook to look at how the menu could be improved. Taster days were planned and people were given the opportunity to share their views.

People were able to choose whether they ate in one of the dining areas, lounge or in their own rooms. There were enough staff to support those who needed some assistance with their meals and we observed staff eating with people who were living with dementia; this helped people to stay engaged more with eating. The overall atmosphere at dinner time was relaxed and socialable. The cook was regularly updated on any special dietary requirements, the need for fortified foods and any specific likes or dislikes for people. There were drinks and snacks available throughout the day.

There were systems in place to monitor people's health and well-being. People told us that if they needed to see a GP one would be contacted. One person told us "I had a doctor come to see me yesterday." We saw from people's records that people had accessed a number of different health professionals such as GP, District Nurse, chiropodist and optician.

Is the service caring?

Our findings

People looked happy and relaxed and there was a warm, friendly atmosphere around the home. People told us that they felt happy living at Thorndale. One person told us "It's very pleasant here; I have nice friends; I'm ever so glad that I found the home; I love it; I love the space and the fact that I'm with other people but they're not on top of me." A relative told us "I like the staff; I visit at all times of the day and I witness the staff being kind to people.

We observed some good interactions between the staff and the people living in the home, it was clear that staff knew people well. One person told us "They [the staff] know me well; look at the seedlings we have planted, I love the garden." Another person told us "The carer's are very good. There's one or two who are my favourites and they are very good; I don't know what I would do without them." The staff told us they felt they had the time to chat with people and we observed staff talking to people; for example asking how someone was after returning from hospital, checking with people whether they wanted to join in activities and talking to someone about the knitting they liked to do.

People's individuality was respected and staff responded to people by their chosen name. Staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. Staff spoke politely to people and asked people discretely if they needed any assistance. People's confidentiality was maintained and staff knew not to talk about people in open communal areas.

People were encouraged to express their views and to make choices. People confirmed that the staff involved them in decision making and allowed them to make choices. People told us that their wishes were respected; one person commented that they get up when they want to, watch the TV if they want and go for a walk when they liked.

We could see in people's rooms that people had been able to bring in personal items from home to make them feel more settled. One person told us "My son bought this for me (piece of furniture) I am very comfortable and like my room."

The registered manager was aware that if people were unable to make decisions for themselves or had no identified person to support them that they would need to find an advocate for them. There was information available about advocacy.

Visitors were welcomed at any time and those who we spoke to said they always felt welcomed. We observed visitors being offered drinks and made to feel welcome. One relative told us "I come whenever I want to; all the staff are very nice."

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. The registered manager explained to us that they went out to meet with people and their family if appropriate. This enabled them to gather as much information about the person as possible and to assess the level of support they needed. People were encouraged to visit the home if possible before making the decision as to whether to live there. We saw that the information gathered was used to develop a person centred care plan which detailed what care and support people needed and their likes and preferences.

The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. The care plan contained a 'Life Map' which informed the staff about a person's life, hobbies, interests and relationships prior to coming to the home. This was particularly important to effectively support people living with dementia. Staff demonstrated a good understanding of each person in the home and clearly understood their care and support needs. People's needs were continually kept under review and relevant assessments were carried out to help support their care provision. These included assessment of skin integrity and where necessary people were provided with appropriate pressure relieving equipment and were supported to change their position regularly. Records kept in each person's room detailed when they had been moved or repositioned, what people had drunk and what personal care needs had been undertaken. Care plans were reviewed on a regular basis and adjustments made if people's care needs changed.

People were encouraged to follow their interest and join in any activities being offered. One person told us "The best thing about this place is the activities; there is always something to do." Regular events were planned to meet people's spiritual needs. The home had an activities co-ordinator who had spent time with people to look at what activities they may like to do individually or in a group. The activities co-ordinator told us about the availability of newspapers being sent via a USB stick which had enabled them to share the information with more people, particularly those with poor sight and those people who spent a lot of time in their room; it had also enabled people to listen as a group and discuss current events with everyone. On the day of the inspection people from different areas of the home had come together to play a game of bingo; this encouraged people to move around and socialise more. A Dementia Café had been set up which was open twice a month; people told us they enjoyed going to it and relatives and friends were encouraged to come. There were lots of photographs on display as to what activities and entertainment people had taken part in.

The area of the home where people lived with dementia had various areas to stimulate people. There was a sensory room which had lots of lights and things to touch. An old fashioned sweet shop had been created which stimulated people to reminisce about their lives and what they did as a child. Signs and pictures were on doors enabling people to find their way around. We observed one person pushing a pram around with two dolls, this had enabled staff to engage with them in conversation about their family and the person appeared calm and relaxed as she walked around and spoke to people.

People were aware that they could raise a concern about their care and there was written information

provided on how to make a complaint. We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. Some people did comment that they had not always felt their complaints had been listened to; however, there was a new registered manager who some people had met and they thought they would listen to them. Relatives told us if they had any concerns they were happy to speak to the registered manager and were confident issues would be resolved.

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The registered manager and deputy manager were visible and approachable. We saw that people were comfortable and relaxed with the managers and all the staff. The staff demonstrated an understanding of all aspects of the service and the people living at Thorndale.

People and their relatives were encouraged to provide feedback about their experience of care and about how the home could be improved. Regular meetings, audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were generally happy and content. We were assured by the registered manager that they were actively trying to address the issues some people had about the standard and choice of food. We saw that plans were in place to undertake observations of meal times to look at ways to improve on the experience of people and taster sessions to help improve and develop the menu.

Staff said they were well supported and felt listened to. One member of staff said "If ever I have a problem or issue I would speak to the registered manager, they always make time for you." A relative told us "[Registered manager] is very responsive to any suggestions made to improve things; we have been discussing how to approach end of life care with people and their families; we are planning a meeting with families." Staff meetings were held which gave the staff the opportunity to share good practice and raise any suggestions on improving the service.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. Staff understood their responsibilities in relation 'whistleblowing' and safeguarding and there were up to date policies and procedures to support them.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were kept and well maintained. Records were securely stored to ensure confidentiality of information.

Quality assurance audits were completed by the registered manager. The provider made regular visits. The audits and visits helped to ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls, actions had been carried out to address and resolve them.

The home encouraged visits from different organisations such as local schools, churches and a brass band. The activities co-ordinator actively encouraged links within the local community and particularly had arranged a number of events which had involved a local school. There was an annual summer fete which involved people, their families, staff, volunteers and the local community. The Dementia Café encouraged family and friends and the local community to come in and socialise with everyone.

