

# The Brothers of Charity Services Thingwall Hall Nursing Home

## 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

This was an unannounced inspection, carried out over two days on 14 and 17 November 2014.

Thingwall Hall provides accommodation, personal and nursing care for up to 44 adults. The service is made up of four, six bedroomed bungalows and a small nursing home.

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.

The last inspection of Thingwall Hall was carried out in September 2013 and we found that the service was meeting all the essential standards that we assessed.

People told us that they were happy and felt safe living at the service and they told us that staff knew them well. People told us they were not afraid to tell someone if they

# Summary of findings

had any concerns about the way they were treated. One person commented, “I would tell someone right away if I was worried about anything”. Staff had received up to date training about safeguarding adults from abuse and they had access to policies and procedures which they could refer for guidance if needed. Staff were able to describe indicators of abuse and the different types of abuse. Staff and the registered manager were aware of their responsibilities to report abuse to relevant agencies and records showed they had done so in the past when required. Prior to our inspection visit we contacted the relevant local authorities for information and they reported to us that they had no concerns about safeguarding people who used the service from abuse.

Strict procedures were followed for recruiting new staff, this ensured people were cared for and supported by suitably qualified and experienced staff. We found that where possible people who used the service were involved in the selection of new staff.

We found that people were generally consulted about their care and support and that they were involved in making day to day decisions and choices about how they were supported and how they spent their time. However on the day of our visit we found people living in one of the bungalows were not offered a choice at lunchtime.

Staff responded appropriately were they recognised changes to people’s health and wellbeing by referring any concerns they had onto other health and social care professionals. We saw that the staff team understood people’s care and support needs and we observed staff treated people in a kind and respectful way.

We found the home was clean, hygienic and well maintained in all areas seen.

We looked at the care records of seven people who lived at the home. We found there was sufficient information about the support people required and that it was written in a way that recognised people’s needs. This meant that the person was put at the centre of what was being described. We saw that all records were completed and up to date.

We saw the provider had policies and procedures in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), safeguarding and staff recruitment. This meant that staff had documents available to them to help them understand the risk of potential harm or abuse of people who lived at Thingwall Hall Nursing Home.

# 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.

We saw that safeguarding procedures were in place and staff had received up to date training in safeguarding vulnerable adults. Staff were knowledgeable about the procedures they needed to follow if they had any concerns about a person's health safety or welfare and they told us they would not hesitate to report any concerns they had.

We found that people who used the service were supported to take risks as part of an independent lifestyle and that staff respected people's choices and decisions. We saw that the service had procedures in place for the safe management of people's medicines and that staff managed people's medicines safely.

We found that recruitment practices were safe and thorough and that people were cared for and supported by the right amount of skilled and qualified staff.

Good



### Is the service effective?

The service was effective.

We found that people were provided with a nutritious and balanced diet. Staff were knowledgeable about people's dietary needs and the help people needed to eat and drink.

We found that staff had completed up to date training relevant to the work they carried out and that refresher training was ongoing for all staff. Staff received regular supervision and an annual appraisal of their work performance and they were given the opportunity to meet as a team to discuss their work and how the service was run.

The service had policies and procedures in relation to the MCA and DoLS. Staff were aware of their responsibilities under the MCA and DoLS and we saw that appropriate DoLS referrals had been made for people so that decisions were made in the person's best interest.

Good



### Is the service caring?

The service was caring.

People told us that they were well cared for and relatives all said the staff knew people well and that they were kind and caring. We observed staff being gentle and patient and encouraging people to be independent.

People told us that staff respected their dignity and privacy, for example people told us staff always knocked before entering their bedrooms and staff called them by their preferred name. We saw that staff provided personal care in the privacy of people's bedrooms and in bathrooms. We heard staff explaining what they were about to do and obtained people's permission before carrying out any tasks.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

We saw that each person had a care plan for their assessed needs. Care plans had been regularly reviewed and updated with the involvement of the person and their representative. Information about any specialist equipment people needed was recorded in the relevant care plan and we saw that equipment people needed to help with their mobility, comfort and independence was available to them.

The service had an effective complaints procedure which was available in an easy read format. People were confident about complaining if they needed to.

## Is the service well-led?

The service was well led.

The home had a registered manager who was registered with the Commission. People who used the service, their relatives and staff told us that the service was well managed. Staff told us that the manager was fair and approachable and that she listened.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had quality assurance systems to monitor the service provided. Records seen by us showed that any shortfalls identified within the service were addressed.

**Good**



# Thingwall Hall Nursing 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.

We visited the service on 14 and 17 November 2014. Our first visit was unannounced and the inspection team consisted of an inspector and an expert by experience – this is a person who has personal experience of using or caring for someone who uses this type of service.

On the first day of our visit to the service we spent our time speaking with people who lived in each of the bungalows and in the nursing home and we looked at people's care records. We spoke with staff and observed how people were cared for. On the first day we also looked at staff records and records relating to the management of the service. The inspector returned to the service for a second day and examined records relating to the running of the service.

During our inspection we met with twenty people who used the service. We also spoke with two senior care staff, six care staff and the registered manager. We observed care and support in communal areas, spoke on a one to one basis with six people who used the service and looked at the care records for six people. We also looked at records that related to how the service was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us."

Before our inspection we reviewed all the information we held about the service. We also contacted local commissioners of the service, GPs and specialist nurses who supported some people who lived at Thingwall Hall to obtain their views about it.

Following our visit we held discussions over the telephone with four relatives of people who used the service and with a range of healthcare and social care professionals who were involved in people's care and support, including a GP, a practice nurse and a dietician.

# Is the service safe?

## Our findings

People told us they liked living at the service and that they felt safe there. One person said, “I feel safe and have no concerns” and another person said, “Very safe here, the staff care a lot”. Relatives of people who used the service told us they were confident that people were safe and were treated well. Comments made by relatives included; “I leave them there knowing they are safe and well cared for” and “Very confident that they are safe and treated well. I wouldn’t leave them there if I had any worries or concerns”.

Staff told us they had received up to date training about safeguarding vulnerable adults and that they had access to information and guidance about the processes they needed to follow if they witnessed or suspected abuse. Staff were able to describe the different types of abuse and the signs which indicate that abuse may have occurred. The registered manager and senior staff explained how they would deal with any concerns about abuse and this showed that they were aware of their responsibilities for reporting abuse to the relevant agencies. We saw information and contact details for the relevant local authority safeguarding teams was available in all parts of the service. Records we viewed showed that incidents of potential abuse which had occurred at the service were promptly referred to the relevant agency and that appropriate actions were taken to safeguard people from further abuse.

We looked at staff rotas for the service and found that staffing levels had been consistent in all areas. The registered manager confirmed that any vacancies and staff absences were covered by staff that were prepared to work overtime or by using regular bank staff. This helped to ensure people received consistent care and support by staff they were familiar with. People who used the service said they liked the staff and that they were always around when needed.

During our visit we saw there was sufficient skilled and experienced staff to support people with the things they chose to do. For example, there was enough staff to support people who chose to stay at home and to support others who chose to access activities in the community. Staff told us that they had no concerns about the staffing levels and that they thought there had always been the right amount of staff on duty to meet the needs of the people they were supporting. Relatives of people who used

the service expressed no concerns about staffing at the service. One relative said, “Each time I have visited there has always been, what I consider the right amount of staff and in my opinion they are very good at what they do”.

We looked at recruitment records of four staff members and spoke with staff about their recruitment experiences. This showed that the procedures set out by the service had been followed to ensure recruitment practices were safe. We found that prospective staff completed an application form and that references about their previous employment had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out prior to new members of staff working at the service. DBS checks consist of a check on people’s criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults.

We looked at six people’s care records and found that each of them had a care plan for their assessed needs and that risk assessments had been completed for tasks and activities which posed a risk to people’s safety. Care plans and risk assessments included easy to follow information and instructions for staff about how to support people effectively and safely. Care plans and risk assessments covered things such as nutrition, accessing the community, moving and handling and falls.

We saw records which showed that regular checks had been carried out on the environment and equipment used at the service, such as infection control, water temperatures, gas and electricity appliances, fire alarms and firefighting equipment. Risk assessments were in place for the environment and took account of things such as fire, infection control, slips, trips and falls and the use of equipment. Due to ongoing refurbishment in areas of the service, environmental risk assessments had been increased and where appropriate measures were put in place to ensure the health and safety of people who used the service and others.

We saw that people’s medication was managed safely. Each person’s medication was stored in secure cabinets which were clean and well organised. Records we saw and discussions with staff showed that people’s medication was managed safely. Each person had their own medication administration record (MAR) which clearly detailed their prescribed medication and the times when they needed it. MARs were well maintained and up to date. Staff had signed MARs with their initials to show a person

## Is the service safe?

had received their medication and they had used appropriate codes when a person had not received their medication, for example if the person had refused to take their medication. People's medication records displayed a recent photograph of the person to help staff identify the person prior to administering medication. We saw that staff had access to important information about people's medication, including what the medication was for and any possible side effects. Procedures were in place for the use of controlled drugs and appropriate records were kept of these medicines. We saw authorisation forms had been signed by a GP for people who required the use of homely remedies. These are items which can be purchased over the counter. We saw that staff had access to a copy of the NICE guidance for managing medicines in care homes. This meant that staff had information about recommendations for good practice on the systems and processes for managing medicines at the service.

We found that the home was clean and hygienic and that infection control procedures were being followed to ensure the spread of infection was minimised across the service. For example, colour coded equipment was used for preparing food and for cleaning areas of the service. Separate bins were in place for the disposal of clinical and domestic waste and contracts were in place for the removal of waste from the service. Information and guidance was easily accessible to staff about infection control and the safe use of equipment to help minimise the spread of infection. Regular infection control audits had been carried out across the service as a way of monitoring infection control practices and ensuring procedures had been followed correctly. Equipment people used had been regularly cleaned and serviced to make sure it was safe for people to use.

# Is the service effective?

## Our findings

People received the care and support they required to meet their needs and maintain their health and welfare.

Some of the people who lived at the service could not tell us if they were involved in decisions about their care. However, we saw that people were involved in decision making in many aspects of their daily life. For example, people were encouraged to choose what clothes they wore each day and how they spent their time.

During discussion with the registered manager they showed a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards provides a legal framework to protect people who need to be deprived of their liberty for their own safety. Other staff understood the importance of the MCA 2005 in protecting people and the importance of involving people in making decisions. The registered manager confirmed they had a copy of the Act's codes of practice and understood when an application should be undertaken. She said that they had made a number of applications recently for non-urgent DoLS and were waiting for a response from the local authority. We noted that the home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We saw that people's mental capacity had been assessed as required and where appropriate best interest meetings had taken place for people who lacked capacity to make certain decisions. The care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty safeguards (DoLS) and report on what we find.

Each person who used the service had a health care action plan. The plans provided staff with important information about the person's health and how staff needed support the person to remain as physically and emotionally well as possible. We saw records which showed people had been supported to attend primary healthcare appointments such as with their dentist, optician and chiropodist and that people had seen their GP when required. Staff had also supported people when required to attend other more specialist health related appointments such as with dietitians, psychiatrists and specialist nurses. Staff had maintained appropriate records following these visits and updated care plans as required. Daily notes and monitoring records recorded the support staff provided people with

throughout the day and night and they highlighted when a person's needs had changed. When a person required extra support their care plan had been updated to reflect the support they needed. This ensured people who used the service received the support they needed with their healthcare.

People told us they would tell the staff if they felt unwell or in pain. Care plans provided staff with information and guidance about how a person, who was unable to communicate directly, expressed pain or discomfort. The plans also provided staff with instructions on how best to support the person with this. Comments made by relatives of people who used the service included; "They receive good health care and I am confident the staff know when a doctor is needed". "The staff have always done the right thing".

Records and discussions with staff showed there were systems in place to ensure all staff received regular training relevant to the work they carried out and the needs of the people who used the service. Training completed by staff included moving and handling, fire safety, safeguarding, health and safety, infection control, first aid, dementia awareness and food hygiene. Staff told us they had received a good amount of training relevant to their roles and responsibilities and they told us they had attended regular updates to refresh their knowledge and understanding. This meant that people who used the service were supported by staff that had good knowledge and training to do their work. Staff comments included; "We get lots of training", "The training is really good" and "I really enjoy the training". During our visit we observed staff were efficient and worked well as a team. We saw first aid equipment was available in all parts of the service and staff were able to tell us where it was kept. Staff described how they would deal with medical and non-medical emergencies such as if a person suddenly became seriously ill or if there was a fire or breakdown of essential equipment at the service. One member of staff provided us with an example of when they had used first aid on a person who used the service and how it had helped to save the person's life.

Staff told us they had received regular supervision from their line manager and we saw records which confirmed this. This provided staff with the opportunity to discuss the people they support, their responsibilities and training and development opportunities. Staff also had an annual



## Is the service effective?

appraisal of their work performance and were invited to attend regular team meetings. Staff talked us through the daily handover. The handover process which took place during each shift change ensured that important information about people's care was shared with relevant staff to ensure people received effective care and support.

A four week menu was in place for people who used the service and we saw that they consisted of a variety of meals which were well balanced and nutritious. We saw that people were also offered regular drinks and snacks in between main meals and people told us this was usual. Care plans provided staff with information and guidance about people's dietary needs and how to manage any risks associated with eating and drinking. People who required it received input from dieticians and monitoring charts were completed as required following their advice.

We observed a member of staff preparing the lunch time meal for people in one of the bungalows and noted that

the member of staff took pre prepared sandwiches from the fridge and plated them up for lunch. Following discussion with another member of staff we found that the sandwiches belonged to them. This demonstrated that people were not consulted about the choice of meal at lunchtime. We discussed this with the registered manager who assured us that this was not usual and she would ensure that people who used the service are in the future always consulted about meals. We also observed lunch being served to people living in the nursing home and found staff were attentive to people's needs. For example, staff ensured that we did not enter the room where one person was eating because they knew unfamiliar faces would have a negative impact on the person's meal time experience. People were complimentary about the food. People said "The food is great", "I choose what I eat". And "It's nice".

# Is the service caring?

## Our findings

We were not able to obtain the views of all the people we met during our visit, however four people did tell us about their experiences of using the service and we observed the care provided by staff in order to try to understand other people's experiences. Relatives comments included; "Very caring and friendly," "They seem to really understand. I can't praise them enough for what they do" and "They care a lot. They are like family". Visiting healthcare professionals were complimentary about the service and the care provided. They told us they thought the staff were caring and attentive to people's needs.

People who used the service told us that they received all the care and support they needed and in a way that they preferred. They said they liked the staff and that they were kind and caring.

We observed people received care and support in a dignified way. For example, staff provided people with personal care in the privacy of their own rooms and in bathrooms. We also saw that staff knocked on doors before entering people's bedrooms and staff addressed people by their preferred names. We heard staff explain what they were about to do and asked people if it was alright before they provided care and support. We saw good staff interaction with people and noted that staff were caring and kind to people who used the service. For example, we saw one person who appeared upset being reassured and comforted by a member of staff and we saw that the person responded positively to this and appeared less anxious and upset.

The registered manager and staff had a good understanding of people's needs including their preferences, likes and dislikes. For example staff knew people's preferences with regards to food, how they liked to dress and their preferred activities.

People were provided with appropriate information about the service. Each person had been given a service user's guide which they kept in their bedrooms and where appropriate it was provided to people in an easy read format. The service user's guide included information about the services and facilities available at Thingwall Hall as well as details of people within the organisation who people may wish to contact for advice and guidance. Information about advocacy services was also made available to people who used the service and assistance was given to people who needed to access this service. Advocacy services are particularly important because they are independent and provide people with support to enable them to make informed choices. The manager told us that they were in the process of arranging access to an independent advocate for one person who used the service.

There were policies and procedures for staff about the aims and objectives of the service and staff received training to help them understand the importance of ensuring people's dignity and human rights. Staff gave us examples of how they maintained people's dignity and privacy. Staff comments included; "I treat people how I would want to be treated". "I always treat people as if they were a member of my own family" and "I am here to care and that is what I do".

# Is the service responsive?

## Our findings

Each person who used the service had an essential lifestyle plan which provided staff with detailed information about the person, the support they needed and how the person wished to be supported. The plans also included information about what was important to the person such as maintaining contact with family and friends and spending time alone. People's likes, dislikes and preferences with regards to things such as food and how people preferred to spend their time was also recorded in their plans. The plans also included information about how staff needed to support the person to make decisions and how the person communicated those decisions. People who used the service, and where appropriate their relative or representative were involved in putting together and reviewing care plans. People's involvement in their plans of care ensured that the plans were individualised and person centred.

We saw that people who used the service each had their own plan of weekly activities. Each person's activity plan had been put together based around their hobbies, interests and preferences and they were regularly reviewed and changed when required. Staff explained that people's activity plans were flexible and were often changed at the request of the person. We observed that people were involved in activities of their choice, for example, some people were involved in work and training projects and shopping in the community whilst others stayed at home and carried out tasks such as tidying their rooms. People told us they had taken part in activities of their choice during the day, evenings and at weekends.

The service worked well with other agencies to make sure people received the care and support they needed. For example, we saw records which showed staff responded to any concerns they had about a person's health and wellbeing by making referrals to other health and social care professionals. Records also showed that staff carried out instructions which they were given by other professionals, which meant people received the care and support they needed. This included ensuring people received medication at the right times and when required people had their food and fluid intake monitored.

People's care and support was reviewed on a regular basis with the involvement of the individual, their relatives and any other external health and social care professionals who

were involved in their care and support. This showed that people received joined up care and support from relevant others when needed. We also saw from records that staff acted promptly to changes in people's needs by referring any concerns they had onto multi-disciplinary workers for support and advice when required. Visiting health care professionals told us that staff had always provided people with the right care and support following advice they gave.

People were supported to make as many choices as possible about their lifestyle and people who were important to them were asked to advocate on their behalf. Care plans reflected people's individual needs and included clear and detailed information about how people best communicated. A communication chart was in place for people who were unable to communicate their needs directly. The charts provided details of how a person communicated things such as if they were in pain, upset or wanted a drink or a snack. Where a person required the use of communication aids such as pictures and symbols the information was included in their communication chart. This meant staff had the information they needed to help them understand people's wishes and how to support them.

Staff had a good understanding of the needs of the people who used the service and how they preferred to be supported. We observed people making choices such as what they ate and how they spent their time. This assured us that people's choices and decisions were listened to and respected.

The provider had a complaints procedure and an easy read version of this was located in each of the bungalows and at the nursing home. Pictures, symbols and the use of plain English were used to describe the process people needed to follow for raising a complaint. Complaints records we viewed showed that the registered manager had promptly dealt with concerns and complaints raised. People and relatives told us they had no complaints about the service and that if they did they would be confident in raising them with the registered manager or the person in charge at the time.

We saw the service had undergone a programme of redecoration and refurbishment and that plans were in place for further improvements. The plans were detailed and included the management of potential risks to people whilst the work was being carried out.

# Is the service well-led?

## Our findings

People's health safety and welfare were protected by the way the service was managed. The service was managed by a person registered with CQC as the 'registered manager'. The manager and staff had a good understanding about their roles and responsibilities and the lines of accountability within the service and they knew the structure of the organisation.

Staff told us they enjoyed working at the service and that they felt well supported by their direct line manager and the registered manager. Staff said they were not afraid to raise any concerns they had and felt there was an open culture within the service. Comments staff made about the registered manager included; 'She is very fair', 'A good listener' and 'Very approachable'.

Staff knew about the whistleblowing policy for the service and we saw that a copy of it was available in each of the bungalows and at the nursing home. Staff told us they felt confident about whistleblowing if they needed to and would not worry about being victimised if they did.

Systems were in place to regularly check on the quality and safety of the service and ensure improvements were made. People, their relatives and staff were given the opportunity each year to complete a survey about the services provided at Thingwall Hall. The surveys invited people to rate and comment on things such as the care and support provided food, staffing and the overall management of the service. Results of surveys were published and made available to people. Relatives of people who used the service confirmed that they had completed surveys in the past and had seen improvements to the service as a result of comments they had made.

'Residents' meetings which had taken place each month provided people who used the service with an opportunity to share their views and opinions with others who used the service and staff that support them. Topics discussed at the meetings included; areas for improvement, good things which had happened and future plans. An easy read record of each meeting was kept and made available to people who used the service.

Records showed that the care and support people received had been regularly checked and monitored as part of the services quality monitoring processes. Regular care plan reviews involving people their relatives, and key staff and

relevant others, helped to ensure that people received the right care and support. In addition to the monthly reviews an annual audit of care plans had taken place to check on the content, accuracy and quality of people's care plans.

Designated staff such as senior staff and the registered manager carried out regular checks on the service including, cleanliness and safety of the environment, equipment, infection control, management of medication, finances and staff practices and performance. Records of the checks were maintained and showed they had been carried out at the required intervals and that action had been taken in response to any concerns that were identified during the checks. A number of audits were carried out by the registered manager to monitor the overall service and the findings of these were passed on to a quality assurance manager for the organisation. The results of the registered manager's audits were used by the quality assurance manager to carry out an overall assessment of the service. The outcome of the assessment was used to identify and plan for any improvements and developments required to the service.

The registered manager told us that she carried out spot checks during the night and at weekends. A representative of the provider who was not responsible for the day to day running of the service had carried out regular visits to Thingwall Hall and gave their opinion on the quality of the service.

We viewed accident and incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support. Accidents and incidents at the service were recorded appropriately and were reported through the provider's quality assurance system. This meant the provider was monitoring incidents to identify risks and to help ensure the care provided was safe and effective.

The service operated an 'on call' system which ensured that there was always a manager available to provide staff with advice and support when needed. The name of the manager on call and their contact details was available in each of the bungalows and the nursing home. The registered manager was included in the on call rota.

Parts of the service had recently undergone substantial refurbishment. This included the replacement of kitchens and bathrooms in some of the bungalows and the nursing home. There was an ongoing programme in place to

## Is the service well-led?

continue with the refurbishment of other areas including lounges and people's bedrooms. Records and discussions held with people who used the service, their relatives and staff showed that consultation had taken place with people

with regards to the changes being made to the environment. We also found that people and their representatives had been involved in choosing colour schemes and furnishings for their home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.