

Mr & Mrs R Bagoban

Thistledown Residential Care Home Hayling Island

Inspection report

33 Beach Road
Hayling Island
Portsmouth
Hampshire
PO11 0JB

Tel: 02392461282

Date of inspection visit:
21 March 2018

Date of publication:
09 May 2018

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 21 March 2018 and was announced.

Thistledown is registered to provide accommodation and support for a maximum of six adults who have learning disabilities. At the time of our inspection four people were using the service.

Thistledown is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. These values were observed throughout our inspection visit.

We last inspected the home on 16 November 2016 where we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements and this action had been completed.

There is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Safe arrangements were in place for the selection and recruitment of staff.

The provider had arrangements in place to safely support people with their medicines.

There were effective arrangements were in place to reduce the possibility of infection.

Staff received training appropriate to peoples' needs and were regularly monitored by a senior member of staff to ensure they delivered effective care.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with advocacy agencies, healthcare professionals and family members to ensure decisions made in people's best interests were reached and documented appropriately

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were protected from possible harm. Staff were able to identify the different signs of abuse and were

knowledgeable about the home's safeguarding processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Notifications sent to CQC and discussions with the local authority safeguarding team confirmed this.

Staff interacted with people and showed respect when they delivered care. Relatives and healthcare professionals consistently told us staff engaged with people effectively and encouraged people to participate in activities. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time.

Records showed staff supported people regularly to attend various health related appointments. Examples of these included visits to see the GP, hospital appointments and assessments with other organisations such as the community mental health team.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

The service had an open culture where people told us they were encouraged to discuss what was important to them. We consistently observed positive interactions between staff and people. People were supported to participate in a wide range of activities they had chosen.

There were effective arrangements in place to investigate and respond to complaints.

The provider was open and honest about the improvements they wanted to make and provided examples where they had learnt lessons and implemented change.

Appropriate arrangements were in place to support people towards the end of their life.

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 remained safe.

Is the service effective?

Good ●

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals.

Is the service caring?

Good ●

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Staff complied with requirements of the Accessible Information Standard and the Equalities Act 2010.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service was well-led. People felt there was an open and welcoming atmosphere within the home which helped to demonstrate a positive and supportive culture.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service. The registered manager had effective arrangements in place to monitor the quality of care.

Thistledown Residential Care Home Hayling Island

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 March and was announced. We announced the inspection because there was a possibility the registered manager would not have been available given the small number of people using the service.

One inspector carried out the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, a healthcare professional, a support worker and a relative. At the time of our inspection four people were using the service.

We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives and information relating the management of the home.

We last inspected the home on 16 November 2016 where we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Our findings

The service remained safe. A relative said, "I know (person) is safe here, he is well looked after". A member of staff said, "I would contact the local authority or CQC if I felt anything bad was happening but it doesn't. People here are kept safe because we care about them".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. Notifications we received from the provider demonstrated staff had followed effective safeguarding procedures.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also told us they would be comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. A member of staff said, "I would speak to safeguarding".

The provider had learned lessons from care reviews and implemented adaptations based upon professional feedback. For example, the registered manager said "We have put new toilet seats and grab rails in place". A relative said, "I couldn't be any happier, they have done everything they said they would do including making adaptations for (person)". The registered manager also explained how they had learned lessons regarding how they supported one person to use public transport, including assistance at the airport. They said, "When a flight was delayed we had already left the airport and (person) was left on his own for a while until the flight left. Now we wait at the airport until the flight has actually gone".

Peoples' care records contained appropriate individualised risk assessments which were reviewed regularly and covered a wide range of areas. Records showed risks relating to road safety, cooking and personal care had been assessed. People living at Thistledown had their personal finances managed by the staff team. Where money was held by staff this was audited regularly and financial risk assessments were in place which sought to minimise the risk/possibility of financial abuse. Relevant mental capacity assessments and Deprivation of Liberty Safeguard (DoLS) applications had been made regarding this. Where required, behaviour plans were in place where people may have complex behaviour. These identified known triggers for the behaviour and how staff should try to minimise risks associated with these behaviours such as divert the person's attention to other activities. Guidance for the use of prescribed 'as required' medication to reduce anxiety and interventions that could be used to provide safe support for the person when they became agitated was in place.

Arrangements were in place to assess wider risks and effective procedures were in place in the event of an emergency. The home employed a member of staff to sleep at the service during the evening so people

could access support should they need it. Risks associated with the safety of the environment were managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Each person had a personal evacuation plan (PEEP) in place should they need to leave their residence in an emergency. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, staff safety and welfare. Staff had access to information about who to call and what action to take in an emergency.

Safe arrangements were in place for people who needed help with their medicines. We looked at the management of medicines in the service. Medicine administration records (MAR) detailed the quantities of medicines received, those carried forward from the previous medicines cycle and records were clearly signed when medicines had been administered. We checked a sample of medicines, the stock quantities available showed that medicines had been appropriately given to people. Staff told us records were kept for all medicines which were disposed of at the local pharmacy. People's care plans contained information about the medicines they had been prescribed and the support people required to take their medicines. Where a medicine was to be given only as required (PRN), for example, pain relief, there were clear guidelines for staff to follow to make sure the medicine was given in accordance with the instructions of the doctor.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care on a one-to-one and two-to-one basis at different times. Staff deployment included three permanent staff and one agency member of staff. The home also provided a sleep in shift. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. We observed staff providing care in a timely manner to people throughout our inspection and people were able to go out when they wanted.

The provider had appropriate arrangements in place for making sure that the home was kept clean and hygienic so that people were protected from infections that could affect both staff and people using service.

Is the service effective?

Our findings

At our previous inspection we found the service was not always working within the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11, of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014. We also found staff were not always appropriately trained and we issued a breach of Regulation 18. At this inspection we found improvements had been made and the provider had met the requirements.

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 made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection one person had been referred to the local authority for assessment. There was a detailed MCA assessment and care plan in place to support the person concerned when they were supervised in the community. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff were knowledgeable about how to support people to make decisions.

At our previous inspection we found staff had not received training in the MCA and DoLS. They had not received any training in relation to dementia, which would aid them to support people living at the service who had a diagnosis of this condition. At this inspection we found improvements had been made. For example, records demonstrated staff had received the appropriate training to enable them to provide effective care for someone living with dementia. A relative said, "The staff are very competent".

Staff received appropriate induction and support from their manager. Records demonstrated staff had undertaken various training courses which were specific to the needs of people who used the service. Staff were shadowed by a senior member of the team until they had been assessed as fully competent to work alone. A member of staff said, "I have had a fair bit of training and at the start I had lots of paperwork to read including looking at care plans and things". A relative said, "I have no worries at all about how staff here work, they are wonderful at their job and some of them have been here a long time which helps".

The registered manager ensured staff followed best practice guidance. For example, guidance from a speech and language therapist was implemented in one person's care plan after a review had taken place. Records also showed best practice relating to dementia care had been implemented in one care plan.

People received appropriate care and support from healthcare professionals. For example, one medical record showed someone had attended visits to see a nurse, the dentist, an optician and appointments had taken place to have a blood test, an annual health check and a flu jab. At the time of our inspection, one person had a care review which was attended by the registered manager, a support worker, a family member and an occupational therapist. We observed the person participated in the meeting and was

included in conversations. The family member was encouraged to participate and gave feedback during the meeting. This demonstrated inclusion and choice was promoted within the home and that people were empowered to make decisions.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support they required to maintain their nutritional intake. We saw that referrals to the dietician and diabetes nurse had been made when required and their advice was followed. People were involved in deciding what meals they had each day and were encouraged to help to prepare them. A member of staff said, "(Person) likes cooking and eating, (person) likes pizza. (Person) likes pepperoni, his favourite at the moment is fish and chips". People were able to eat fruit when they wanted. We saw a bowl of fresh fruit in the kitchen which was accessible to people.

The registered manager ensured that the environment was maintained and free from hazards. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. There was an on-going programme of maintenance and people had been encouraged to personalise their bedrooms.

Is the service caring?

Our findings

At our previous inspection we found people were not always treated with dignity and respect. At this inspection improvements had been made. For example, peoples' personal space was respected during times of personal care. There were policies, procedures and training in place to give staff guidance about treating people with dignity and maintaining their privacy. People told us that they were always given choices and that they were treated with dignity and respect. Staff explained to us how they made sure people received support with their care in a way which promoted their dignity. One staff member said, "We encourage people to take pride in their personal care and we try and motivate them but we do it in a sensitive way". Feedback from care reviews was positive. One record stated, "Thank you, you have done excellent with (person)".

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans, risk assessment and documents relating to making decisions were designed in a suitable format to support understanding. Pictures such as maps, telephones, birthday cakes, medication and healthcare professionals were used to aid involvement.

Care plans were personalised and detailed how people displayed emotions. For example, one document stated, "I can communicate verbally very well although my speech will sometimes sound a little slurred. If I am unhappy I may sometimes sit with my shoulders hunched and my face will display a frown. I am also liable to cry if something is worrying me". A member of staff said, "I know when (person) is happy or not, we work together all the time so we know each other really well".

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible. The registered manager had a good understanding of when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Each person's physical, medical and social needs had been assessed before they moved into the home. Assessment of needs included obtaining information about people's likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Is the service responsive?

Our findings

Relatives and people commented the service was responsive. A comment from a relative stated, "I am much happier now you have made the changes, thank you". One person commented, "I like going out to the pub with my mates". A healthcare professional commented, "I am happy with the overall care given to people at Thistledown".

People had chosen activities they wanted to participate in. One person took part in the Special Olympics, whilst others attended college. Others enjoyed going to the pub, attending discos and visiting local social clubs and tea rooms.

Care plans provided information which enabled staff to interact with people in a meaningful way and ensured that people remained in control of their lives. They were reviewed regularly and any changes communicated, which ensured staff remained up to date with people's care needs and choices. People were enabled and empowered to be involved in their care plans; staff ensured that review meetings were geared around peoples' individual communication methods. For example, using symbols and pictures to support the person to express their views and any concerns they may have.

Staff completed daily records which were used to record what each person had been doing and any observations regarding their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty. Care files also identified people's likes/dislikes and interests which the home.

At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with people to offer support to plan for future events, taking into account people's wishes.

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Formal complaints had been appropriately investigated by the registered manager. Complaint records demonstrated the registered manager had responded appropriately and in reasonable time.

Is the service well-led?

Our findings

At our previous inspection we found statutory notifications had not been sent to the Care Quality Commission as required and that quality assurance checks were not being completed effectively. At this inspection we found improvements had been made. For example, notifications had been reported appropriately and governance systems had improved.

The provider had good arrangements in place to monitor the quality of care provided. Monthly and weekly audits were carried out to monitor areas such as health and safety, care plans, accidents and incidents and medication. Other audits monitored and recorded any improvements required relating to the security of the home, cleanliness and staffing hours. A relative said, "I get asked how things are and if there is anything else I would like to see changed or improved".

Feedback about the registered manager was positive. One member of staff said, "If I ever need anything I just need to ask. (Registered manager) is always around and he is one of the support workers too so he knows fully what is going on in the home and what needs to get done".

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager and other members of the management team were extremely visible and told us they had created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was good and that they were kept informed about matters that affected the service.

Any accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people. The registered manager had referred incidents and investigation matters to the local authority when required. For example, an incident took place when out in the community which was appropriately reported and investigated.

The service had an open and transparent culture. For example, a relative said, "I can come in here at any time and we can chat about (person). I trust the staff and the manager because they have been here a long time and they are always respectful". A healthcare professional told us ThistleDown had a relaxed and honest approach to delivering care.

People could be assured that the service was well managed. There were procedures in place, which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equality, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

Team meetings took place regularly and staff were encouraged to share their views. Staff found that

suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.