RV Care Homes Limited

Thamesfield Nursing Home

Inspection report

Wargrave Road
Henley On Thames
Oxfordshire
RG9 2LX

Tel: 01491418100
Website: www.retirementvillages.co.uk

Date of inspection visit:
16 August 2018

Date of publication:
11 September 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 was an unannounced inspection which took place on 16 August 2018.

Thamesfield Nursing Home is registered to provide nursing and personal care for up to twelve older people. Some people had other associated difficulties such as living with dementia, sensory and mobility difficulties. Accommodation was provided in an adapted building over two floors. A lift was available between floors. There were seven people living in the home on the day of the inspection. Five of the rooms were being refurbished to a high standard.

People in care homes with nursing receive accommodation, nursing and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This was the first inspection of the service since it changed providers and re-registered on 25 August 2017. Under its previous registration it was rated as good in May 2016.

At this inspection the service was rated as good in all five domains which means the service is overall good.

There was a registered manager running the service. 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, staff and visitors were protected from any form of harm and everyone's safety and comfort was carefully considered. General health and safety risks and risks to individuals were identified and action was taken to reduce them, as far as possible.

Staff had been trained in safeguarding vulnerable adults and health and safety policies and procedures. They understood their responsibilities for keeping people safe and knew how to protect the people in their care. People were supported to take their medicines safely.

People were supported by care staff who had been recruited to ensure they had the right attitudes and personalities to care for people safely. The service made sure there were enough suitably trained, experienced and skilled staff to meet people's needs safely.

People were offered care by staff who had been appropriately trained and supported to enable them to meet people's varied needs. Care staff were effective in meeting people's needs as described in plans of care. The service worked closely with health and other professionals to meet any specific or specialised needs.

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

People were supported by a very caring staff team who built relationships with them and knew their needs well. People were supported and encouraged to be as independent as they were able to be.

Care staff were exceptionally responsive to individual's needs. People's needs were reviewed regularly to ensure the care provided was up-to-date. Care plans included information to ensure people's individual communication needs were understood. Care planning was person-centred and noted people's preferences and choices.

The registered manager was highly thought of and described positively by people, staff and other professionals. She was described as very approachable, supportive and efficient. The registered manager and the staff team were committed to ensuring there was no discrimination relating to staff or people in the service. The provider, registered manager and staff team continually assessed, reviewed and improved the quality of care provided.

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.

The service had recruitment procedure that ensured the registered manager could be as certain as they could be that the staff chosen were suitable to work with people.

Care staff were trained in and understood how to keep people safe from all types of abuse.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

Staff supported people to take their medicines safely, in the right quantities at the right times.

Is the service effective?

Good

The service was effective.

Staff met people's individual, diverse needs in the way they needed and preferred.

Staff were appropriately trained and supported to enable them to provide effective care and support.

The service worked closely with other healthcare and well-being professionals to make sure people were cared for in the best way.

Is the service caring?

Good

The service was caring.

People received care from a very respectful and caring staff team who recognised people's equality and diversity needs.

The registered manager ensured care staff were able to build positive relationships with people to enable them to offer suitable care to meet their individual needs.

Is the service responsive?

Good

The service was responsive.

Care plans were 'person-centred' and people were offered a service that responded to their individualised needs, in the way they preferred.

People's needs were regularly looked at and care plans were changed as necessary with the involvement of people, their families and other professionals, as appropriate.

People knew how to make a complaint, if they needed to and the service responded appropriately.

The service listened to people's views and concerns and ensured that any issues were addressed and rectified as quickly as possible.

Is the service well-led?

Good

The service was well-led.

The quality assurance process was effective and identified any improvements needed.

Staff and people who use the service felt they were very well supported by the registered manager.

People were asked for their views on the quality of care the service offered.

Thamesfield 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.

The service was registered on 25 August 2017. It was previously registered under a different provider. This was the first inspection (under the new provider), it took place on 16 August 2018 and was unannounced. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This would include any notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for four people who live in the home. This included support plans, daily notes and other documentation, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff recruitment and training records.

We spoke with the seven people who live in the home, four staff members and the registered manager on the day of inspection. We received written comments from a family member and four of nine professionals we requested information from (including the local safeguarding team).

Good

Is the service safe?

Our findings

The service kept people safe, as far as possible, from any form of abuse. People told us they were, "Absolutely" and, "Perfectly" safe in the service. Comments they made included, "I have no concerns, I'm very, very safe and have nothing to worry about." "I feel very safe here, not at all vulnerable. CQC have nothing to worry about with this home." One person said it was," Too safe because they meet all the rules and regulations and Health and Safety rules, I wish they didn't sometimes."

There had been two safeguarding referrals since the service registered. These were appropriately dealt with and notified to the correct authorities. The local authority safeguarding team told us they were notified of any safeguarding issues and did not have any current concerns about the service.

People were protected by care staff who received safeguarding training and knew how to report any concerns appropriately. They were very aware of their responsibilities in protecting the people in their care. Safeguarding training was provided and refreshed at regular intervals. It was further discussed during one to one meetings (supervisions), staff meetings and other learning forums, as appropriate. Staff were aware of the whistleblowing policy but were confident the registered manager would take immediate action if they raised any concerns. However, they told us what action they would take if the registered manager failed to respond adequately.

People, staff and visitors were kept as safe from harm as possible. The service had a detailed overall health and safety policy. Maintenance checks on safety systems such as fire alarms and on all equipment such as lifting equipment were completed regularly. For example, contractors checked the lift and hoists six monthly and gas safety annually. A legionella risk assessment had been completed as had an asbestos survey. Firefighting equipment and alarm systems were appropriately maintained and fire drills and procedures were practised.

Health and safety risk assessments included fire and environmental risks. The service was exceptionally clean and well presented. Staff were trained in infection control and infection control measures were in place and followed. Individuals' risk assessment and risk management plans were in place and incorporated into care plans. They included fire evacuation, choking, skin integrity and individual environmental issues such as safe use of wheelchairs and heat. Risk assessments and risk management plans were detailed and included the necessary information to inform staff how to offer care as safely as possible.

The service had systems to keep people and staff as safely as possible in the event of emergencies. For example, people had call bells to hand and emergency lighting was provided. The emergency procedures document was called 'The Emergency Contingency Plan' and informed staff the safest way to deal with foreseeable emergencies such as adverse weather conditions and services breakdowns. An emergency bag was situated at the staff entrance to the home. It contained all the necessary information and equipment to support staff to deal with an emergency. A fire alarm that sounded on the day of the inspection was responded to efficiently and emergency procedure was effectively followed.

People and staff were further protected from harm because accidents and incidents were used as a learning tool. Records included a detailed report of the event which were discussed at daily handover meetings and team meetings. The forms were sent to the Senior Health and Safety advisor and directors of the organisation. They were reviewed and any issues or trends were identified to be used a s a learning tool for the whole organisation, as well as locally. There were examples of 'near misses' being identified, recorded, investigated (by means of a root cause analysis) and the action taken. Additionally, an incident of a person's money being missing resulted in each person being provided with locked cabinets and the service being provided with a safe. The service did not deal with people's finances but did keep any cash and valuables safely, if requested to do so.

The service supported people to take their medicines safely, as identified in their assessed needs. Qualified nurses administered people's medicines. Their competency was assessed prior to them administering medicines and at regular intervals. The service currently used a monitored dosage system, which meant that the pharmacy prepared each dose of medicine and sealed it into packs. Medicine administration records (MARs) recorded whether people had taken their medicines at the correct times. Balances on the bottom of the MAR sheets were audited and cross checked with stocks every 28 days. Medicines were stored safely in locked rooms into which air conditioning had recently been installed to ensure medicines were kept at safe temperatures. Guidelines and protocols were in place for people to inform staff when people should/could take medicines prescribed to be taken as necessary/when required. There had been three medicines recording errors and one medicine administration error since registration. Action had been taken to minimise the risk of recurrence.

The service was not able to meet the needs of people who had complex behavioural issues. However, care plans reflected any specific information needed to assist staff to meet any specific degenerative conditions people may be living with or developing.

People were provided with care by staff who had been checked to ensure, as far as possible, they were suitable and safe to work with people. Recruitment processes included safety checks such as Disclosure and Barring Service (DBS). The DBS checks confirmed that employees did not have a criminal conviction that prevented them from working with people. Application forms were completed fully. One of the five staff files did not show that references had been verified. The registered manager undertook to take immediate action to correct the omission.

People were provided with safe care because the service ensured there were enough staff to meet people's needs. Currently a minimum of three care staff (including a registered nurse) were on duty during the day and two care staff during the night (including a registered nurse). They were supported by ancillary and management staff during the day. The registered manager set staffing ratios according to the number and needs of people resident in the home. People's dependency was reviewed monthly and staff numbers amended as necessary. The registered manager had authority to increase or decrease staff numbers according to the needs of the service. Agency staff were used, where necessary, but the service tried to ensure that regular staff who knew people were employed.

Good

Is the service effective?

Our findings

The staff team supported people effectively with all their care needs. People's specific needs were identified during a thorough assessment process. People and their families (with people's permission and as was appropriate) were involved in the assessment. They were fully involved in determining what care they wanted and needed and the way in which they preferred it to be delivered.

People's right to make their own decisions and their need to consent was understood by the service. People signed to say they agreed with the content of the care plan. Additionally, they gave signed consent for specific areas such as the release of confidential information and consent to care and treatment. People had a contract of residency which included what they could expect from the service and what was expected of them, they had agreed to, in their care files.

The service understood the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. One application had been made appropriately but had not been authorised, as yet.

People were assisted by care staff who were knowledgeable and trained to enable them to meet people's diverse individual needs. Staff members told us they had good training opportunities. One staff member told us, "We do the same training as all the staff and have time to keep up our C.P.D" (continuing professional development, a national system to ensure practising nurses skills are up-to-date.) Another said, "We have very good training. The new E-learning training is O.K." All staff had completed the service's mandatory training, relevant to their roles, as recorded on the training matrix. For example, only registered nurses administered medicines. They completed initial and refresher training to enable them to complete this task safely. Staff told us specialised training was provided when needed to meet people's specific needs or requested by staff members.

Care staff completed a robust induction to enable them to work with people safely. New staff were required to complete the care standards certificate (a nationally recognised induction system which ensures staff meet the required standards for care workers). A one to one (supervision) meeting was held between care and senior staff every three months. Staff members told us that additionally they could approach the registered manager at any time as, "Her door is always open." Appraisals were completed annually and appraisal records were held in staff files. A staff member reflected the views of others when they told us, "I get regular supervisions and appraisals. [Registered manager 's name] is brilliant. She is very approachable and listens to and values the staff team."

People were supported to meet all their health and well-being needs. Individual plans of care described their needs in detail. Health needs were met by nursing staff and community health professionals who worked closely with the service to affect the best outcomes for people. Examples included physiotherapists and GPs. People's care plans included skin condition, health and professional communication records. The records noted any reviews by well-being and health professionals and any follow ups or additional appointments needed. The home had a GP who visited once a week to review people's health. Health issues were addressed quickly and a GP would visit whenever necessary, in addition to the regular visits. People told us their health needs were well met and they could see a doctor whenever they felt they needed to. One person described how the healthcare they had been given since admission to the home had made and enormous effect on their rehabilitation. They said, "They have really helped me recover from health issues." Another, referring to some serious health issues they had been helped to overcome, said, "I have been through hell [and have only got through it] with their help and support." One person's pressure area had been healed within a week of admission.

People were provided with assistance for eating and drinking and other nutritional requirements, as necessary. Nutritional risk assessments and eating and drinking care plans were in place, as required. People were weighed monthly, with their permission, and action was taken if there were concerns about weight loss. People could eat where they chose to, either in their room or in the well decorated, relaxing dining room. There was a choice of food on the menus, waitress service and people could request alternative food if they wished to. The food was prepared in a clean and hygienic environment which had received a five (very good) rating from the environmental health inspector in August 2018.

The registered manager held nutritional meetings with the chef every 12 weeks where any food related issues were discussed. People's diet plans (if necessary) were kept in the kitchen and the chef was knowledgeable about people's nutritional needs. They described how they produced blended food to ensure people could identify what they were eating and tasting. People told us the food was good. One person said, "The food is excellent" whilst another said, "It's not very high end but it's pretty good." There were no negative comments about the food provided and people confirmed they could ask for food when they wanted and could choose what they wanted.

Individuals were provided with specialised equipment and adaptations to their environment to enhance their comfort, safety and independence.

Good

Is the service caring?

Our findings

People were supported by a caring staff team who treated people with the greatest respect and kindness. One person told us, "Staff are very, very kind and friendly." Another said, "They are exceptionally kind and caring. I couldn't be more comfortable." Additional comments included, "Nothing is too much trouble, nothing at all." "They can't do enough for you to the point of being a bit fussy."

The registered manager modelled a very caring attitude when speaking and interacting with people. They ensured people's wishes and choices were adhered to by care staff and treated people with great respect. They put in place ways for people to express their views of the service to make sure they were happy with the care they were receiving. People were all able to communicate verbally with staff and the registered manager. Formal systems in place for listening to people's views included, residents and relatives' meetings held every three months, regular quality surveys and annual feedback questionnaires. People had access to the registered manager at all times and they spoke with people on a daily basis. People knew the registered manager well and were confident to approach her for 'chat' or discussions.

A small number of people who lived in the home. This supported staff to build strong working relationships with people. The care team knew people and their individual needs very well. Some of the words used to describe staff were, "Brilliant", "Excellent" and, "Wonderful." People were supported to maintain relationships with those who were important to them. Visitors were encouraged and could visit at any time. A compliment posted on an independent website said, "On arrival the staff are very welcoming, the level of care is amazing and nothing is too much trouble. The kindness to people is lovely. I've seen such a change in my friend since [they have] been there, can't fault anything. Super, super all around." People told us their families and friends were always made welcome and "Looked after."

People were treated with respect and their dignity was promoted. Care staff consistently considered people's privacy and dignity whilst they were offering care. One person told us, "Staff always treat me with the utmost respect." Another said, "Staff are always respectful and preserve my privacy and dignity." Staff were able to describe what actions they took to ensure people's privacy and dignity. They gave examples such as explaining what they were doing, shutting doors and curtains and getting to know what people were most comfortable with. Throughout the inspection visit staff interacted positively and respectfully with people.

People's diverse needs were recorded in care plans. Their religious, cultural and lifestyle choices were noted and acted upon, as appropriate. The service's equality and diversity policy sought to protect people against any form of discrimination.

People were encouraged and supported to be as independent as possible. How independent people were and how they should be supported with their independence was clearly documented in care plans. Risk assessments assisted care staff to help people retain as much independence, as was appropriate, as safely as possible. For example, some people took their own medicines, with staff support and risk assessments in place. One person told us they could mobilise much more independently because of the support received

from the service.

People's personal information was kept securely and confidentially in the care office. The provider had a confidentiality policy which care staff signed at the beginning of their employment. The registered manager ensured staff understood and adhered to it.

Good

Is the service responsive?

Our findings

The service provided people with very responsive care. People and those who they chose to be were fully included in the assessment and review process. Each element of the care plan was reviewed every month and any changes were made in discussion with individuals. Formal reviews were held every six months and/or whenever people's needs changed. People's changing needs were communicated to staff via handovers, various staff meetings and daily notes. Staff told us communication between them, the registered manager and people was very good.

People had personalised care plans which ensured care was tailored to meet their individual and diverse needs. The service kept information such as, the person's life history, previous hobbies and interests and hopes and aspirations for the future. This information ensured staff knew the person, what was important to them in the past and in the future and that the care they provided remained person centred. People's likes, dislikes and preferences were recorded and assisted staff to offer Individualised care on a daily basis.

People told us staff responded to their needs and requests quickly. One person said, "Although they can sometimes be busy you know they will come as soon as they can." Another said, "My call bell is usually answered very promptly." Other comments from people included, "They are very responsive and in such a kindly way." "Their attention (to me) is excellent, can't be faulted." On the day of the inspection call bells were answered very quickly, the staff whatever their role were working as a team to meet people's needs.

People were encouraged and supported to participate in activities which were arranged by the activities co-ordinators who worked seven days a week (between them). There were a wide variety of events and activities chosen with people at resident meetings. Activities included outside entertainers, outings and internal quizzes and crafts. The home had recently had a special themed day (held approximately monthly) to celebrate Indian independence. The themed days often included food and cultural activities. People told us about an opera singer who had recently visited the service. They were delighted with this activity which they thoroughly enjoyed. Some people told us they preferred to entertain themselves but there was always plenty of things going on if they wanted to join in. Events were typically held in communal areas shared by people who lived in the independent living complex. People who lived in the service enjoyed the social aspect of meeting friends and acquaintances from the local community.

People who use the service could communicate clearly verbally and access information via the usual written formats. However, the registered manager understood the requirements of the Accessible Information Standard (AIS) and the service could produce information in different formats, depending on people's needs. For example, they could provide information in Braille, large print and differing formats, as required. The AIS 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.

Discrimination was understood by the registered manager and the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. Staff training covered these principles.

The service had a detailed complaints policy and procedure which they followed when they received complaints. Complaints were fully recorded, investigated and action taken to correct the problem, where possible. Records of complaints were kept in a book and entered onto the computer system to which senior staff in the organisation had access for audit purposes. The home had received four complaints and eight compliments since registration. The complaints were about the environment particularly with regard to the building works being undertaken. The compliments, however, focussed on the care people received.

The service was not currently providing people with end of life care but were able to develop an appropriate care plan to support people in their final days as required. The service worked with the GP surgery to have the appropriate specialised medicines in place when necessary. A comment received via an external, independent website said, "My [relative] spent the last (nearly) seven years of her life in this outstanding nursing home. The staff were wonderful and the standards extremely high."

Good

Is the service well-led?

Our findings

People benefitted from being resident in a well-led service. The registered manager was in post when the service re-registered in August 2017. She was an experienced registered nurse and had acquired a management diploma in health and social care. Staff and people described her as approachable, efficient and caring. They felt the service was very well-led. One staff member told us, "The manager is very open and the home is led by the residents, they always come first." Staff told us they liked working in the home because the registered manager was, "Supportive and you can go to her at any time with any problems."

People, staff and other relevant parties were listened to and their views and ideas were taken into consideration, at all times. People, staff and others were given a number of opportunities to express their views and opinions of the service. These included residents' and relatives' meetings, regular surveys and care reviews. People had the opportunity to talk with the manager on a daily basis. One person said, "I'm very happy and matron (registered manager) always listens." Another said, "The manager is great and very approachable." The service had introduced 'resident of the day' since registration. This was a system which looked at all the needs of a chosen person every day. It included all aspects of the person's life in the service such as nutrition, care, nursing needs, environment and social needs. A member of staff from each area attended the meeting to ensure the person was being supported in the best way and as they chose. Currently, people were chosen as resident of the day approximately once a week although this changed depending on the number of people in residence.

The service held a variety of staff meetings which included a weekly manager's surgery where colleagues could go to talk to the registered manager about any issues. A nutrition meeting was held with catering staff every 12 weeks and staff meetings had increase from every three months to every month. Separate nursing meetings covering specific nursing task and up-dates were held every three months or more often to keep up with new or changed nursing procedures.

People were offered very good quality care. This was maintained and improved because the registered manager listened to relevant parties and completed a number of quality assurance processes to review all areas of the service. These included regular audits of areas such as medicines, care plans, falls and infection control. Every month the registered manager completed records for key clinical indicators such as infections, pressure areas and weight loss. The key indicators and other quality assurance information were reviewed by an area manager every two months, during a visit to the service. They were commented and acted upon, as necessary. The last area manager 's visit was completed in May 2018. Because of personnel changes the next visit was planned for the 28 August 2018 and will continue every two months thereafter.

People benefitted from the services listening and quality assurance systems. The registered manager and staff team took timely actions to address any issues raised or identified and improve the quality of care. Examples of actions taken included, room refurbishments which included converting bathrooms to wet rooms, people swapping to rooms which suited them better and met their needs. Air conditioning in rooms where medicines were stored had been installed and a 'resident of the day' had been added to review processes.

People, staff and others were very positive about the care they received and gave. One person told us, "I am very happy here." Another said, "I have absolutely nothing to worry about, it couldn't be better." Other comments included, "It's a good place, lovely." "It's a really wonderful place ...I really like living here." One person's comment reflected the views expressed throughout the day by people and staff when they said, "It really is excellent care, it could not be improved upon." A professional commented, "On all aspects I find the home excellent."

People were provided with good care because the service worked with other professionals and kept people as involved in the community, as much as possible. The service engaged with relevant community professionals such as GPs, dentists and dietitians. Local schools and religious ministers were invited to the service and people from the service were supported to maintain a presence in the local community. For example, people participated in outings to local garden centres, went out to lunches and attended local events.

People's individual needs were recorded on good quality, detailed and up-to-date care plans. They provided people with the necessary information to ensure they provided care that was relevant and as people preferred. Records relating to other aspects of the running of the service such as audits and staffing records were, accurate and up-to-date. All records were well-kept and easily accessible.

The registered manager kept up-to-date with all legislation and good care guidance via the Care Quality Commission (CQC) website and other internet providers. The organisation provided information and up-dates. For example, she fully understood when statutory notifications had to be sent to the CQC, the Accessible Information Standard and the duty of candour.