Mrs S Poordil and Mr M Poordil

Thornfield Care Home - Lymington

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Thornfield Care Home is a residential care home providing personal care to people aged 65 and over, some of whom are living with dementia and mental health needs. The service can support up to 17 people. 17 people were living at the home at the time of the inspection. The home is owned by Mr M and Mrs S Poordil who are referred to throughout as the provider. Mrs S Poordil is also the registered manager for the service.

People's experience of using this service and what we found
People and their relatives told us they felt safe living at Thornfield Care Home. There were always plenty of staff around who responded quickly to requests for help. Staff had received training in safeguarding people from harm and knew how to identify, prevent and report abuse. Relevant recruitment checks were conducted before staff started working at the service to make sure only suitable staff were employed. Environmental risks were assessed, and measures were in place to reduce and manage these risks. Staff knew people well and how to identify, assess and mitigate any risks to their safety. Medicines were managed safely and effectively by staff who were trained and competent to do so.

Staff received frequent training, support and supervision and felt supported by the management team. People were supported to maintain a balanced diet. Staff were aware of people's likes and dislikes and any allergies and special diets. People were supported to maintain their independence and have choice and control in their lives. Where people lacked mental capacity to make decisions, these were made in line with the Mental Capacity Act and staff supported people in the least restrictive way.

People were treated with respect, dignity, kindness and compassion. We observed, and people and relatives told us, that the staff were kind, helpful and friendly. People and their relatives felt involved in reviews and decisions about their care.

There was an open and positive culture within the home and people and their relatives told us the management team was approachable and helpful. There were robust management arrangements in place and systems to monitor the quality and safety of the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good in March 2020.

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Thornfield Care Home - Lymington

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The service was inspected by one inspector.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The registered manager was given one hour's notice of the inspection and so that we could check the Covid status of the home.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people and five relatives about their experience of the care provided. We spoke with three care staff, the deputy manager and a health professional who was visiting. We also spoke with the registered manager and provider. 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.

We reviewed a range of records. This included three people's care records, including medicines records and we pathway tracked one person's care. This is where we check that people have received all the care they required to meet all of their needs. We looked at two staff recruitment, supervision and training records, and a variety of records in relation to the management of the service, including policies, procedures and health and safety.

After the inspection
We continued to seek clarification from the provider to validate evidence found and received feedback from three health professionals who support the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People and relatives told us they felt safe and had no concerns. One relative told us, "This is the best. I couldn't wish for a better place. The care and attention is unbelievable."
- Staff had received training in safeguarding. They knew what to look for and how to report any concerns or suspected abuse. Any concerns were reported to relevant agencies appropriately when required.
- The provider had a safeguarding policy which was available and accessible to staff. Regular refresher training took place which ensured staff kept up to date with any changes in policy or legal requirements.

Assessing risk, safety monitoring and management
- Relatives consistently told us how grateful they were for the diligence and care provided by staff to keep their loved ones safe during the Covid pandemic. One relative told us, "They have done an amazing job. They were on it very early on and stuck to the rules." Another relative said, "They have been brilliant. I'm very confident they have taken the necessary steps."
- People had been assessed for risks such as malnutrition, moving and handling and skin integrity. When risks had been identified, people's care plans contained clear guidance for staff on how to manage these, including the safe use of equipment. Risk assessments and care plans had been reviewed monthly or when people's needs changed.
- Relatives told us they thought people were safe from harm. For example, one relative said, "He [Name] likes to wander all the time. He can roam in the garden, it's secure. It's great for [Name]."

Staffing and recruitment
- Staffing levels were kept under regular review. Staff told us there were enough staff on each shift to meet people's needs and our observations confirmed this. Staff had time to care for people without rushing and spent time chatting with them and engaging them in activities.
- Relatives told us there were always plenty of staff around and they always had time to respond to any queries.
- There was a robust recruitment procedure in place which ensured only suitable staff were employed. Staff records held a valid Disclosure and Barring Service (DBS) check, evidenced their right to work in the UK if applicable and had at least two employment or character references. A DBS check enables employers to make safer recruitment decisions.

Using medicines safely

● Robust systems were in place to ensure medicines were ordered, stored, administered, and disposed of safely. Regular medicines audits were completed to check procedures were being followed correctly. The provider was about to change to a new pharmacy and all the necessary paperwork had been completed to ensure a smooth transition.
● Medicines were administered by senior carers who had completed relevant training and competency assessments. We observed staff administering lunch time medicines. They followed robust procedures and gave people the time they needed to take their medicines. Medicines administration records (MARs) were up to date and included important information such as allergies and an up-to-date photograph of each person. A relative told us the staff followed any changes prescribed by the GP and said, "The GP wanted to change [my family member's medicines]. The home are following the GP's recommendations."

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Incidents and accidents were reported, recorded and investigated to help identify any themes or trends. Any learning was shared with staff, so the likelihood of re-occurrence was reduced.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment of their care needs before moving into the home which ensured their needs could be met. This included for example; nutrition, oral health, skin integrity, continence, mental health, mobility and medical history.
- A detailed care plan was developed once a person had been admitted which provided guidance for staff in how to care for them safely and effectively. People were involved in developing their care plan, where possible. Relatives were asked to provide important personal information about their family members, such as their likes, dislikes, preferences and life histories, so that a holistic approach to their care could be taken.
- Care was assessed and provided in line with recognised national good practice guidance. For example, the Malnutrition Universal Screening Tool (MUST) for people at risk of malnutrition, and the Waterlow assessment for people at risk of poor skin integrity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The home worked closely with health professionals to ensure people's health needs were met. This included for example, chiropody, dentists, opticians, district nurses and GPs.
- A health professional told us, "They are brilliant. [The registered manager] is very, very quick to identify any issues and will call us immediately. When we implement a care plan, they always follow it. We're very confident about the level of care." Another health professional said, "They always listen to our advice. They're very good doing what they should be doing. They ensure residents' hydration and that they are not malnourished. They look after them really well. [The registered manager] is really quick to contact us if any problems. I've never had a reason to doubt their care and competence."

Staff support: induction, training, skills and experience

- Staff participated in an induction on commencing in post. New staff consistently told us the induction was very good and helpful to them in learning their new roles. One member of staff told us, "The induction is good. I'm enjoying it. [The registered manager and provider] are very good and supportive in everything."
- The induction covered essential training such as infection control, fire safety, moving and handling and food hygiene. Staff were enrolled on an online training system and completed training modules in a wide range of areas and refresher training when required. Face to face training took place in topics which required more interaction, for example, moving and handling training which had been booked for April 2022.

● Staff participated in one-to-one supervision sessions. This provided opportunities for staff to reflect on their care practice and discuss areas for development, as well as identify any additional training needs.
● Observations of staff performance were also carried out to ensure they had good knowledge of core skills such as infection prevention and control practice and use of personal protective equipment, (PPE).

Supporting people to eat and drink enough to maintain a balanced diet
● Meals at Thornfield Care Home were all prepared from scratch to give a nutritious and homely eating experience. Meals were prepared in a way that met people's needs, for example, a soft or pureed diet and portion sizes varied depending on people's appetites. People had appropriate crockery and cutlery for their needs and to enable them to remain as independent as possible when eating.
● We saw staff supporting people to eat their lunch. Where people required full support, we saw staff were friendly and patient, giving people time to finish what they were eating before being offered more. Staff offered to help people to cut up their food if they were struggling to do this and respected their choice if they declined. In this case, staff were observant and went back to offer help again and used gentle encouragement to ensure they could eat their meal.
● Menus changed daily, and these were written on a board in the dining area. We saw there was a choice of main meal and alternatives if people did not want the main meal options. Relatives told us, "The menu is always up. It's home cooking and always looks nourishing."
● Where people were at risk of malnutrition, they had been prescribed supplements by their GP and staff ensured these were given.

Adapting service, design, decoration to meet people's needs
● The home is an ordinary house which has been adapted to provide a large lounge, dining area, bathrooms and bedrooms. The dining space is limited, however, following a discussion, the providers created another area in the conservatory for people to eat which allowed more space for staff to support people at mealtimes.
● The provider had built a conservatory which doubled up as a visiting area where relatives could remain socially distanced with a screen to protect people.
● The gardens were landscaped with ramps and level pathways which enabled people to walk with their frames or be supported in their wheelchairs around the garden to enjoy the flowers and wildlife.
● People's rooms were personalised with their ornaments, pictures and family photos.

● Ensuring consent to care and treatment in line with law and guidance
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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 a person of their liberty had the appropriate legal authority and were being met.

● People were supported and encouraged to make their own decisions where they were able to this. Where people did not have the mental capacity to consent, staff followed the MCA. DoLs applications had been submitted when required.
● One relative told us their family member could make some decisions for themselves and said, "They do involve him. They do ask. They keep me up to date and let me know about everything."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Relatives consistently told us their family members were treated with respect, dignity and kindness by helpful and friendly staff. One relative said, "It's lovely. They are such nice, caring people [staff]." Another relative told us, "They're very kind and respectful." We observed people were relaxed in the company of staff. One person told us, "They [staff] are so helpful. They get me my newspaper. I'm very comfortable here." Staff were kind and respectful of people and showed this during regular interactions. For example, a staff member said to one person, "I'm sorry [name]. I am in your way. You're cold. Have you been for a walk? Would you like a drink to warm you up?"
- Relatives told us their loved ones were always clean and well dressed. One relative said, "[My family member] always looks tidy and has his own clothes on that they [staff] match up. They [staff] always make an effort with his hair."
- Health professionals confirmed they thought people were treated with dignity and respect. One health professional told us, "People are always clean and well fed." A second health professional said, "The residents always seem happy and well kempt. Staff are always interacting with [people]. People who are bed bound have immaculate linen, not the newest but always clean." A third health professional told us, "They [staff] asked if [name] wanted a screen for her privacy and dignity."
- People were encouraged to remain as independent as possible in their day to day lives. For example, one person wanted staff to feed them. A staff member sat with the person and encouraged them to use the spoon themselves. They put the spoon in their hand and helped to guide their hand to their mouth. The person then continued to eat by themselves with some gentle prompting.
- Staff understood the importance of ensuring they cared for relatives and helped them with any worries. One person's care plan stated they could become very agitated and confused and it was important to give her time and space to settle. The care plan guided staff in, "Reassuring visitors may also be important if [name] gets upset or agitated."

Supporting people to express their views and be involved in making decisions about their care

- People were listened to and their wishes were respected. We observed staff chatting to people and involving them in what they wanted to do, to eat and their personal care. One person had difficulties eating and the registered manager reminded them about a discussion they had had about dentures. The person had initially declined, however, the registered manager asked, "Do you want me to look into it?" The person

agreed that perhaps they should. Another person told us they were involved in their care and said, "[My consultant] has been here for a couple of my reviews."

● Relatives told us the registered manager was approachable, so they were always able to speak with them about the care their loved ones received. One relative told us, "I'm extremely happy with the care. They keep me informed. I can't fault them."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People and relatives were involved, and their individual wishes were respected and listened to. Relatives consistently told us staff knew their loved ones very well and treated as individuals. One relative told us, "They're very focussed on mum's needs. I'm very confident mum has the care she needs."

● Health professionals all told us how well the staff knew people and spoke positively of their person-centred approach to people's care. One health professional said, "I look after a lot of homes and Thornfield is very personal. Staff know each and every one of their residents. They know their medical histories really well and what people would benefit from." A second health professional told us, "They genuinely care about them and see them in a holistic way. We feel they do that really well and it's something we look out for."

● During our discussions with staff it was clear they knew people very well. When enquiring about one person's care needs, for example, the staff we spoke with were able to describe in detail their health conditions, their communication needs and the equipment used to support the person when moving, such as a stand aid.

● Personalised care plans had been developed for each person from information obtained during their initial and on-going assessments. These were holistic and covered areas such as continence, mental health, oral health, communication, mental capacity and consent, and moving and handling. People's preferences and wishes had also been recorded. For example, one person liked to go to bed at 9pm and liked to have two pillows to sleep on.

● Care plans were reviewed at regular intervals or when people's needs had changed. Any changes to people's health and well-being, which required different levels of support or assistance, were recorded and shared with staff. The home used an electronic recording system and all care was recorded in real time. The registered manager told us the system flagged up if care was not recorded in line with people's care plans which enabled them to monitor and check with staff that all care had been given.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Staff understood people's individual communication needs and adapted their approach accordingly. For example, one person was very hard of hearing and was unable to take part in the bingo session by listening to the staff calling out the numbers. We saw that they sat next to the staff member who wrote down each

number onto a small white board for them to read, as they called it out for the rest of the participants. This ensured they were able to fully participate and enjoy the game, which became quite competitive!
● Communication support was included in people's care plans. For example, one person's care plan described how their dementia diagnosis made communication difficult for them. It guided staff to use short sentences, simple language and offer limited choices, and to give the person some time and try again later if they became agitated.
● Staff ensured people had clean glasses and working hearing aids where these were used to minimise any barriers to communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People could participate in activities at Thornfield Care Home should they wish to. Sessions were run during the morning and afternoon and included gentle exercises, quizzes and music sessions.
● Both group and individual activities were provided each day. We saw people relaxing after their meal, watching TV, reading their newspaper and taking a walk in the garden. Some people preferred to spend time in their room. One relative told us their family member had recently moved into the home. They said, "The last two to three months, I can't believe the transformation. She's laughing and smiling the whole time. She's been to Barton-on-Sea, walking in the garden, she's even taken to dogs. She used to be phobic. I come and visit, the children visit too. As long as she's happy. It's such a relief."
● Relatives told us they had been able to keep in touch with their loved ones throughout the pandemic through video and phone calls. We heard how grateful they were that staff had kept their family members safe and well and kept them up to date.

Improving care quality in response to complaints or concerns
●The provider had a complaints policy which was made available to people and relatives. People and relatives were all happy with the care and support they received. They all felt able to speak with the registered manager if they had any concerns and were confident they would be listened to and any concerns addressed.
● We reviewed the complaints file and saw there had been no complaints.

End of life care and support
● Staff provided safe and compassionate end of life care. When people were at the end of their life, procedures were in place which enabled them to stay at the home, if this was in their best interests, with the support of the community nursing team and GP.
● End of life care plans were in place which reflected people's wishes and provided guidance for staff about the support they would like at the end of their life. Where people and families did not wish to discuss end of life plans, this was recorded.
● Advance decisions to refuse treatment were recorded. For example, one person's records showed their DNAR status had been discussed with them and their family. A DNAR form is a legal document which records whether someone wishes to be resuscitated or whether this would be in their best interests. Relatives who held lasting power of attorney were consulted appropriately.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

● There was a very open and positive culture within the home and this was observed consistently throughout the inspection. Relatives were very positive about the leadership and management of the home. One relative told us, "[The registered manager] is amazing. It's been very hard for her, but we really appreciate how she's got everyone through it [the pandemic]. She is very approachable, and a very good leader." Another relative said, "It's very family orientated. A lovely family feel. The registered manager is brilliant. I'm so glad [mum] is here."

● Health professionals told us consistently how the registered manager and staff knew people really well and provided very individual care. One health professional said, "Staff know and understand people really well. [The registered manager] does a fabulous job. She is on call 24 hours a day. I'm impressed and really like looking after the home."

● The registered manager involved people, relatives and staff and sought feedback from them in order to help improve the service. Relatives consistently told us they felt able to talk to the registered manager at any time. Recent surveys showed people were happy with their care. Comments included, "They made me feel very welcome and helped with everything," and "I'm very happy living at Thornfield," and "the meals are always very good."

● Relatives were very happy with the way they were kept informed throughout the pandemic and were grateful for the opportunities to visit safely when guidance changed to allow this. One relative told us, "We were kept informed of changes, and what [PPE] to wear. I was struck by how comfortable they made it. We never had to sit outside as they had the conservatory and extension and we sat the other side of the screen."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood their responsibilities under the duty of candour to act in an honest and transparent way when things went wrong. Relatives commented on the openness and approachability of the registered manager and had confidence in them.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements; Continuous learning and improving care

●The registered manager and provider responded positively and openly to requests for information to support this inspection. They understood their responsibilities under the Health and Social Care 2008 (Regulated Activities) Regulations 2014, including when to notify us of certain events as required under the regulations.

● Staff understood their roles and responsibilities very well. A deputy manager had been recently appointed to support with the management of the home. Shifts were well organised, and staff understood and followed the reporting structure to inform the management team of any issues. Staff told us they felt very well supported by the management team and confident in their roles. One staff member said, "Communication is very good here. We are kept up to date." Another staff member said, "[The registered manager and provider] are always helping us. We are really supported."

● Systems were in place to monitor the quality and safety of the service. These included regular audits of care plans, medicines, infection prevention and control, fire safety and the premises. Any issues identified were rectified promptly and recorded.

Working in partnership with others

● The provider worked closely with other organisations to ensure resources were available to people when needed. These included, the local church, district nursing team, older people's mental health team and their GP practice. A health professional told us, "I have very high levels of confidence in them [staff]. They have strong links with our practice and it's down to their knowledge and communication."