Century Healthcare Limited

New Thursby Nursing Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding

Overall summary

New Thursby Nursing home is a large detached home set on the main road between Blackpool and St Annes on Sea. The home is spacious and set over two floors, on which bedrooms and bathing facilities are situated. There are thirty-two single rooms and four shared rooms. Seventeen rooms are equipped with en-suite facilities. There is a choice of communal lounges and seating areas. There are a range of aids and adaptations in place to meet the needs of people using the service.

At this inspection we found the service was consistently well led. The registered manager carried out checks of the quality and safety of people's care. Results of the provider's checks relating to people's health status, such as accidents and incidents, were always formally analysed to check for any trends or patterns.

People felt safe in the home and they were happy living there. People and their relatives knew who to speak with if they had any concerns or worries about their care. Potential or known risks to people's safety were identified before they received care and they were reflected in people's written care plans, which staff followed and understood. Action was being taken to make sure that all people's risk assessments and care plans were kept up to date and accurately maintained. This helped to mitigate any risks to people from receiving unsafe care.

Summary of findings

Staffing arrangements were sufficient for people's care needs to be met. The provider's arrangements for staff recruitment were robust and helped to make sure that staff would be suitable to work with people receiving care. Emergency plans were in place for staff to follow, such as in the event of a fire alarm or loss of energy power supplies. Reports of recent visits from the local fire and environmental health authorities, found satisfactory arrangements for fire safety and food hygiene and handling at the home.

The registered manager explained that the home was involved in a new scheme to undertake speech and language (SALT) assessments using new technology such as Skype (internet based communication software). SALT assessments are used to assess and treat speech, language and communication problems in people of all ages, to help them eat and communicate. People who needed to have a SALT assessment were supported to use a computer connected to Skype so that they could have a private consultation with a speech and language therapist based at the local hospital. This was seen to be very innovative and useful in that people were able to access an assessment a lot quicker, and receive professional advice and support.

People's health care needs were met in consultation with relevant health professionals when required. People were supported to maintain a balanced diet in a way that met with their assessed needs and choices. Staff supported people safely and effectively and they promoted people's choice and control of their care. For example, with their mobility, meals and nutrition. People's medicines were safely managed and arrangements were in place to enable people to retain and administer their own medicines, should they choose to do so.

Staff received the training and support they needed. Staff understood and followed the Mental Capacity Act 2005 to obtain people's consent or appropriate authorisation for their care when required.

People were happy with their care and felt that staff treated them with respect and kindness and that they maintained their dignity, privacy, choice and independence. People and their relatives were appreciative of, and appropriately involved and informed in the care provided, which met with people's needs and wishes. Staff knew people well and had good relationships with them and with relatives or representatives. Staff supported people to maintain their known daily living preferences and personal routines and their interests and beliefs, which were shown in their written care plans.

People received prompt assistance from staff when they needed it. People were informed how to raise any concerns or complaints and their views about the service and those of their relatives were regularly sought. Findings from these were often used to improve people's experience of their care and daily living arrangements.

People, their relatives and staff found the registered manager accessible and approachable and were positive about some of the changes being made to improve people's experiences of their care and the upgrading to one of the main lounges.

Arrangements were in place for the management and day to day running of the home. Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. Staff were all confident to raise any concerns they may have about people's care. The provider's policies and procedures supported and informed them to do so when required.

The home was found to be a Gold Standards Framework (GSF) accredited service. GSF is a systematic, evidence based approach to optimising care for all people nearing the end of life. The home had a dedicated end of life suite where people and their families could be cared for at the end of life. There were end of life care drugs in place for those people approaching the end of life to ensure people could be cared for, avoiding inappropriate emergency admission to hospital.

We previously inspected this service on 25 October 2013. The service was found to be compliant with the regulations we inspected at the time of the visit.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient staff to meet people's needs and their medicines were safely managed.

Staff recruitment and emergency planning arrangements were robust and helped to keep people safe.

People's risk assessments and care plans mostly showed how risks to their safety were being managed.

Good

Is the service effective?
The service was effective.

Staff received the training they needed.

People's health care needs were met in consultation with relevant health professionals when required, and the service was involved in an innovative SALT assessment scheme using Skype.

People were supported to maintain a balanced diet in a way that met with their assessed needs and choices.

Staff followed the Mental Capacity Act 2005 to obtain consent or authorisation for people's care when required.

Good

Is the service caring?
The service was caring.

People and their families were made welcome and they were involved, informed and satisfied with the care provided.

Staff promoted people's dignity, privacy, choice and independence and they treated people with respect.

Good

Is the service responsive?
The service was responsive.

People were involved in determining their care, which was delivered in a way that met their individual needs, wishes, choices and lifestyle preferences.

Feedback was often sought from people and their representatives about their care experiences and used to make service improvements. Concerns and complaints were listened to, taken seriously and acted on.

Good

Is the service well-led?
The service was consistently well led.

Outstanding

Summary of findings

The home was found to have an excellent track record of example of best practice, ensuring that people's needs were met in creative and innovative ways. The service worked in partnership with other organisations such as local hospices and hospitals in order to promote best practice through consultation, research and reflective practice.

The provider's arrangements to check the quality and safety of people's care were proactive.

Staff, were supported to understand their roles and responsibilities and they promoted the provider's aims and values for people's care.

Staff, were confident and knew how to raise any concerns they may have about people's care.

New Thursby Nursing Care Home

Detailed findings

Background to this inspection

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

We visited the home on 26 and 28 May 2015. Our visit was unannounced and the inspection team consisted of the lead adult social care inspector for the service, a specialist nurse advisor in the care and support of older people, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications the provider had sent us and we spoke with the local service commissioners responsible for contracting and monitoring some people's care at the home. A notification is information about important events, which the provider is required to send us by law.

During our inspection we spoke with nine people who lived in the home, two visiting professionals and six care staff, including the cook. We also spoke with the registered manager of the home, a senior manager and the registered provider. We spoke with three relatives who visited the home. We observed how staff provided people's care and support in communal areas and looked at eight people's care records. We looked at the provider's staff training record and three staff members' training and recruitment records, together with other records relating to how the home was managed. For example, medicines records, meeting minutes and checks of quality and safety.

Good

Is the service safe?

Our findings

People told us they felt safe in the home and were happy living there. One person said, "I feel completely safe here, it's lovely." Another person said, "It's safe and staff are there for you if you need them." People and their relatives said they knew who to speak with if they had any concerns or worries about their care.

People and their relatives said that staffing arrangements were sufficient for people's care needs to be met. One person commented, "Staff, are very good and always act promptly." We found there was enough staff available to meet the needs of the people living at the home. Staff knew how to recognise and report abuse and told us they were provided with guidance and training for this, which the staff training programme reflected. Arrangements had been made to provide staff with additional guidance about local procedures for safeguarding adults. This helped to protect people from harm and abuse.

During our inspection, we saw that staff supported people safely and promoted their control and choice for their care. This included helping people to mobilise and giving people their medicines. For example, a senior staff member checked people's medicines carefully against their medicines administration record sheet (MAR), to make sure they offered people the correct type of medicine and dose and at the right time. They made sure that people were offered a drink of water to swallow their medicines with, and checked with each person that they had taken their medicine, before they signed the MAR to show they had been given.

People told us they received their medicines when they needed them. For example, one person told us that staff regularly asked and gave them their pain relief medicines if they needed them. Medicines were managed in a way that was safe and people received their medicines at the times they needed them. Medicines were correctly stored, so as to protect people using the service and to ensure that the medicines would be effective when used. There were no people who had chosen to retain and administer their own medicines themselves. However, policy and procedural guidance and suitable storage arrangements were provided to support any person who may wish to do so, safely.

We found that one person had been identified as having a severe allergy to a specific medicine. Although staff were aware of this, the information about the allergy was in some old notes but was not clearly marked on the person's file. This was pointed out to the registered manager, as this information could be easily missed, with a potential for severe consequences.

Care records showed that potential or known risks to people's safety were identified before people received care. People's written care plans showed how those risks were being managed and reviewed, which staff understood and followed. This included risks from falls, pressure sores, poor nutrition, medicines and mobility needs. Staff said that staffing was planned in a way that enabled them to perform their role and responsibilities and described robust arrangements for their recruitment. Records we looked at reflected this.

People's risk assessments and care plans were properly completed when there had been a change in their health conditions. For example, staff regularly completed and updated a risk assessment by using a recognised screening tool for each person receiving care. This was designed to show whether people were at risk of malnutrition. Staff knew about the changes in people's health conditions and had ensured people's safety was being properly managed.

Plans were in place for staff to follow in the event of any emergency in the home. For example, in the event of a fire alarm or loss of energy power supplies. Recent reports from the local fire and environmental health authorities, found satisfactory arrangements for fire safety precaution and food hygiene and handling at the home.

Good

Is the service effective?

Our findings

People told us they received the care they needed and were confident with the staff team. Both they and their relatives made many positive comments about the care provided and described staff as being, "Very good," and "They know what they are doing." One person said, "Carers know what I need and help me." Another person said, "I can't fault them, they're very competent."

Staff told us they were provided with information and guidance to help them to understand some people's specific medical conditions and how they affected them. We saw that this type of general health information was attached to some people's care plans and used to support and inform their care. For example, information about dementia or a person's particular type of cancer. Two visiting health professionals told us that senior staff had been timely in letting them know when there were changes in people's health needs. They also said that staff followed their instructions for people's care when required.

People told us they were supported to see their own GP and other health professionals when they needed to. Two people's relatives specifically mentioned that the health conditions of each person they visited at the home had improved since they came to live there.

The registered manager explained that the home was involved in a new scheme to undertake speech and language (SALT) assessments using new technology such as Skype (internet based communication software). SALT assessments are used to assess and treat speech, language and communication problems in people of all ages to help them eat and communicate. People who needed to have a SALT assessment were supported to use a computer connected to Skype so that they could have a private consultation with a speech and language therapist based at the local hospital. This was seen to be very innovative and useful in that people were able to access an assessment a lot quicker, and receive professional advice and support.

People said they received the food and drink they needed, which met with their known preferences, and that they enjoyed their meals. We observed the lunchtime meal which looked colourful and appetising. It was well received by people and there was a relaxed sociable atmosphere.

People were offered a choice of drinks, which were provided at regular intervals throughout the day. Food menus provided a choice at each meal, including at least one hot food option.

People were supported to maintain or improve their health. Staff knew people's health needs and the arrangements in place for people's routine health screening such as chiropody and optical care. People's care records showed that appropriate support and advice from outside health care professionals had been sought for people's care, which staff followed when required. For example, special dietary requirements relating to people's medical conditions.

People received the nutrition and hydration they needed. Staff helped people to maintain a balanced dietary intake and supported them to eat and drink foods they enjoyed. Some people who used the service had a reduced appetite or difficulty eating and drinking. People's care plan records showed the support they needed, which included the use of adapted utensils when required. Care records also showed that people's body weights were monitored. Where changes and concerns were identified in people's nutritional health, relevant health care professionals were consulted and staff followed their advice and instructions when required.

Staff told us they received the training they required and were supported to deliver the care people needed. Staff training records showed that most staff had achieved a recognised vocational qualification in Health and Social Care. Although there were some gaps in staff training updates, there was an action plan in place to address this. Staff knowledge and skills were being developed. People and their relatives were content that staff, were trained and able to provide appropriate care and support. Two people's relatives specifically commented that the registered manager was doing a lot to further improve people's care through staff training. The home had received an award for 'employer of the year' in recognition of the robust staff training requirements. There was a requirement for staff to undertake nationally recognised level three training in palliative care and this was part of their job descriptions.

People said they were asked for their consent to their care. For example, one person spoke positively and confirmed that staff consulted with them and sought their permission to discuss their health care needs with other health and social care professionals when needed.

Good

Is the service effective?

Staff understood the key principles of the Mental Capacity Act 2005 and knew how to put them into practice. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff followed the principles of the MCA when required and their care plan records showed this. Where people lacked capacity to make decisions, these were made in their best interests. Records also showed how people were supported to make important decisions about their care and treatment. For example, decisions about their care and treatment in the event of their sudden illness. There were a people living at the home with a diagnosis of dementia, and we found appropriate Deprivation of Liberty Safeguards (DoLs) applications had been made.

Good

Is the service caring?

Our findings

People were happy with their care and many commented on the kindness, good humour and helpfulness of staff towards them. People and their relatives often described staff as caring and respectful and all said that staff ensured their dignity, privacy, choice and independence when providing care. One person said, "It's lovely here, I can't fault them. I am treated well and there's a mutual respect." Another said, "I can't fault it, I wouldn't dream of looking anywhere else."

We saw that staff spent time consulting with people about their care and were respectful and patient. Staff clearly knew people well and supported their known daily living preferences, routines and choices. Staff supported people at their own pace and were mindful of people's needs and their dignity and privacy. For example, supporting people to mobilise, to eat and drink and take their medicines. People's care plans showed their individual needs, choices and preferred daily living routines.

People's relatives were all appreciative of the level of care provided and all said they were always made welcome and kept appropriately involved and informed. Comments included, "A welcoming atmosphere and brilliant, friendly staff."

Staff understood the importance of ensuring people's privacy and dignity. They were able to give examples of how this was done. This included knocking on people's doors and approaching people discreetly to discuss their care needs.

People told us they were supported to maintain their contacts with family and friends in the way they preferred. People confirmed that staff discussed their care and daily living arrangements with them. This included involvement in their care plan reviews, regular community meetings and through the provider's periodic care surveys. Records of recent resident meetings and survey returns reflected this and showed that people were generally satisfied with their care. They also showed that people felt they were always treated with respect by staff that ensured their dignity and privacy.

The home was found to be a Gold Standards Framework (GSF) accredited service. GSF is a systematic, evidence based approach to optimising care for all people nearing the end of life. We found that the service uses an end of life coding system that involved the whole staff team. This ensured that changes in the person's needs and health were recognised and could be planned for in anticipation. The registered manager was a nurse practitioner and worked closely with the GPs who supported the home. The home had a dedicated end of life suite where people and their families could be cared for at the end of life. There were end of life care drugs in place for those people approaching the end of life to ensure people could be cared for avoiding inappropriate emergency admission to hospital.

Good

Is the service responsive?

Our findings

Many people we spoke with made specific comments about the helpfulness of staff and all said that staff responded promptly when they needed assistance. One person told us, "I enjoy the time that I spend here, I have made friends and have company."

People and their relatives felt care was planned and tailored to people's individual needs, wishes and capacities. We were told that staff had taken the time to get to know people and to understand their needs, preferences and wishes. People had been asked for this information before their admission to the home and where possible the registered manager had met with them.

People told us that social, occupational and recreational activities were regularly organised, to support their hobbies, interests and beliefs. This included social events, seasonal and religious celebrations, board games, beauty sessions, singing and music sessions and reminiscence. Staff used their knowledge of people's life histories to provide care that was meaningful to the person. For example, we saw that staff supported one person with dementia to engage in an activity that related to their previous work occupation. Staff explained that this helped the person to become more relaxed and contented in their mood, when they were anxious and unsettled.

One relative told us about their involvement in supporting one person's advanced arrangements for their end of life care. They said was handled sensitively and met with the person's wishes and needs. Staff had consulted with relevant health professionals and secured personal equipment changes for another person because of changes in their mobility needs. This helped the person to maintain their independence and they told us they felt safe and more confident because of this.

People and their relatives knew who to speak with if they were unhappy or had any concerns about people's care. Most said they had not had any cause to complain or voice any concerns. One person told us about an occasion when they had raised a concern, which they felt was dealt with promptly and to their satisfaction. There was an appropriate complaints procedure available and this was displayed in the hallway. This could be made available in other formats to suit people's needs. Records showed that two complaints received during the last 12 months had been investigated, addressed and resolved to the complainants' satisfaction. Improvements had made from these in relation to individual personal care routines and laundry arrangements.

The provider regularly asked people for their views about their care and the service through the use of questionnaires and residents' meetings. This showed that people were regularly consulted with about their daily living arrangements. Some of the recent changes from these included a review of menus. Social and recreational arrangements were also agreed and developed from the meetings with the involvement of families and friends.

Outstanding ☆

Is the service well-led?

Our findings

At our visit, we found the provider was pro-active in determining service improvements for people's care. The registered manager told us they were involved in regular checks of the quality and safety of people's care. Records of these included checks of the environment, equipment, care plan records, medicines, infection control measures, cleanliness, staff recruitment and training.

The checks also included accidents and incidents as well as checks of pressure sores, infections and complaints. The results of these were not always formally analysed by the registered manager or provider to help them to identify any trends or patterns that may further inform improvements for people's care.

The home was found to have an excellent track record of example of best practice, ensuring that people's needs were met in creative and innovative ways. As previously mentioned, the home was found to be a Gold Standards Framework (GSF) accredited service, had a dedicated end of life suite and was using new technology to enable people's needs to be met. Discussions with staff and through looking at records held at the home, it was clear the service worked in partnership with other organisations such as local hospices and hospitals inorder to promote best practice through consultation, research and reflective practice. The registered manager and staff were involved in a new scheme to undertake speech and language (SALT) assessments using new technology such as Skype (internet based communication software). These SALT assessments were used to assess and treat speech, language and communication problems in people of all ages to help them eat and communicate.

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People, their relatives and staff said that the registered manager was accessible and approachable. Many commented positively about some of the service changes being made, to improve people's experiences of their care. This included cleanliness, activities and staff approaches to people's care. One person said, "The manager makes a real difference."

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. Staff, were confident to raise any concerns about people's care. For example, reporting accidents, incidents and safeguarding concerns. Relevant policies and procedures were in place for staff to follow in these events. They included a whistle blowing procedure if serious concerns about people's care need to be reported to relevant outside bodies to protect people from harm or abuse. Whistle blowing is formally known as making a disclosure in the public interest. This showed the registered manager promoted an open and transparent culture.

There were clear arrangements in place for the management and day to day running of the home. Three senior care staff had delegated management responsibilities for people's day to day care. External senior management support was also provided. People and their relatives knew staff names and their roles.

Staff told us they received the support and supervision they needed. They said that they were regularly asked for their views about people's care at staff group and one to one meetings, such as their individual supervision. They also told us that satisfactory care handover meetings were held with them at the beginning of each shift. The provider had sent the Care Quality Commission written notifications informing us of important events that had happened in the service when required.