

Mrs Alyson Johnson and Mr John Johnson

# Thornbury Residential Home

## Inspection report

Thornbury  
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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Thornbury Residential Home is registered to provide personal care and accommodation for up to 19 older people. At the time of the inspection there were 18 people living at the service. The service provides care to older people, with conditions affecting their mobility, general frailty, and medical conditions such as heart failure, and diabetes.

### People's experience of using this service and what we found

The registered manager had systems and processes to safely assess and manage risks to people, including their medicines and the environment. However, these had not identified some of the shortfalls we found. For example, the audits had not identified that water temperatures whilst tested had not been recorded and that as required medicine protocols had not been transferred over with the new medicine providers administration records. These were immediately actioned, and risk mitigated.

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to support people safely. People told us, "I am safe, and the girls are wonderful." People had care plans and risk assessments which meant peoples' safety and well-being were promoted and protected. The environment was clean, well-maintained, and comfortable. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service. Accidents and incidents were recorded, and lessons learnt to prevent re-occurrences.

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

There was an effective management team at Thornbury Residential Home which provided good leadership for staff, and they communicated effectively with people, relatives, and health professionals. The management team were approachable and available to people, staff, and visitors. Staff were positive about their roles in the home and felt valued for the work they did. One staff member said, "We get thanked for the job we do, its very rewarding."

People who lived at the service, their relatives and staff were encouraged to give their views, and these were listened to and acted upon by the management team. People and their relatives felt able to raise any concerns they had and were confident they would receive an appropriate response.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 29 November 2017)

### Why we inspected

We undertook this inspection due to the age of the last rating.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good and is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thornbury Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Thornbury Residential Home

## **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 Health and Social Care Act 2008.

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 inspection was carried out by 2 inspectors.

#### Service and service type

Thornbury Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Thornbury Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager who was also the registered provider.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 15 people who used the service and 1 relative about their experience of the care provided. We spoke with 5 members of staff including the provider, who was also the registered manager, senior care workers, maintenance staff, and kitchen staff.

We reviewed a range of records. This included 6 people's care records and 18 medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures was reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Staff knew their responsibilities to safeguard people from abuse and discrimination.
  - There was a safeguarding and whistleblowing policy in place, which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed they had read the policies as part of their induction and training.
  - People told us they felt safe. Comments included, "I'm safe here, they look after me very well," Girls are wonderful, they attend to the small details, and "I was not safe at home, I was alone, but they look after me, and they do it very well."
  - Staff were aware of signs of abuse and knew how to report safeguarding concerns. They were confident the management team would address any concerns raised and would make the required referrals to the local authority.
  - Staff told us, "We get safeguarding training, the training really is good, and "If I had a concern, I would report it to (Name) manager, but I've never have had to do it."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and reviewed. Staff took action to mitigate any identified risks. The care plans had individual risk assessments which guided staff in providing safe care. Care plans and risk assessments were re-written bi-monthly or sooner if changes occurred.
- Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken and regularly reviewed to minimise and prevent the risk of harm. For example, staff had requested a pressure relieving mattress for one person who was at risk from pressure damage due to their poor health and general frailty.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan.
- Health and safety checks had been completed to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water, and electrical safety checks. Hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. The hot water temperatures were not available to view but we were assured they had been undertaken but not recorded in the file. The hot water temperature checks

were immediately undertaken and no issues identified. Risk was mitigated and this issue is recorded in the well-led question under good governance.

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff to keep people safe. People received care and support in an unrushed, personalised way. People were supported with personal care and told us, "Staff help me with bits and pieces, I like to look nice." People appeared well-kept with attention to nails, hair, and shaving.
- Comments from people included, "The staff are really helpful and respond to my call immediately, there are always staff around if you need something," and "Very glad to be here, I was on my own at home during some of the lockdown and came here, so I had help when I needed it, they certainly are good." Rota's confirmed staffing levels were stable, and the skill mix appropriate. For example, there was always a medicine giver on each shift.
- The provider operated safe recruitment processes and undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People were supported to receive their medicines safely. Medicines were stored, administered, and disposed of safely.
- We asked people if they had any concerns regarding their medicines. One person said, "I get them on time," and "I don't have any worries."
- All staff who administered medicines had the relevant training and competency checks which ensured medicines were handled safely. Staff who were giving medicines to people wore red aprons to ensure they were not interrupted. This was in place to reduce the potential of any errors with medicines.
- There were people who had their medicines prescribed on an 'as required' basis such as pain relief. Protocols which described the circumstances and symptoms of when the person may have needed this medicine were not in place. These had been archived with the introduction of new medicine provider and not re-introduced. This had no impact on people's health as everyone was able to request pain relief and therefore has been reflected in well-led question.

### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

### Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. Accidents and incidents were documented and recorded within the individual care plan. We saw incidents and accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and Care Quality Commission (CQC).
- Staff took appropriate action following accidents and incidents to ensure people were safe and this was recorded. For example, following an unwitnessed fall, staff looked at the circumstances and ensured risks such as trip hazards were identified and rectified.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent actions identified were shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

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 MCA 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.

The provider was working in line with the Mental Capacity Act.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty, for example, sensor mats beside people's beds to alert staff they were up and at risk from falls.
- The management team had made a DoLS application and had systems in place to track expiry dates and conditions.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance system did not always effectively monitor the quality of care provided to drive improvements.
- Although there was a quality assurance system to protect people's safety and well-being, we found that the systems had not identified some of the shortfalls we found. For example, PRN protocols had not been transferred over with the new medicine provider. These were immediately put in place and risk mitigated. It was acknowledged this an oversight.
- We found some records regarding water temperatures, were not available due to a change of maintenance staff however this has been actioned as a priority. The provider acknowledged that it was presumed they were done and available and this had been a learning experience for the management team to double check. We have received confirmation this had been completed.
- There were care plans and risk assessments for each person were reviewed and updated on a regular basis. However, there were areas for one person that had not be updated as a persons' health had deteriorated, as they were waiting for GP input regarding end of life care. This was updated during the inspection process. Due to the knowledge of staff, there was no impact on the person health and well-being.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- The provider's philosophy was to provide a home where a person felt safe, comfortable, well cared for, and valued, treating people as individuals, with respect and dignity at all times. This philosophy ran through everything that happened at the service and was fully supported by staff. People were consistently positive about the registered manager and staff. Comments from people, included, "Lovely staff, I feel very much at home here," and "I made the decision to move in here, it was the best decision, I'm definitely safe, and I'm content"
- The management structure allowed an open-door policy, and this was confirmed by staff, people, and visitors to the service. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work. The management team worked alongside the staff, and this was appreciated by staff.
- There was an inclusive culture at the service, and everyone was offered the same opportunities in ways that reflected their needs and preferences such as preferred mealtimes and preferences for care delivery.

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 provider understood their responsibilities under the duty of candour.
- The management team worked well together and were open and transparent with people, their loved ones, and staff about any challenges they had faced. This showed in the atmosphere in the home and in the attitude of staff with people, visitors and with each other. Everyone was encouraged to work together to find solutions.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- The rating awarded at the last inspection was on display at the service entrance and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics. For example, people chose how they spent their time, one person told us, "I have enough to do, I might be considered bored by other people's standards, but I have enough to do," and "I'm thankful to be here. I don't go to the lounge unless there's something on."
- People, their relatives, staff, and professionals were given opportunities to provide feedback about the home through informal conversations, meetings, and the complaints procedures. One person said, "I can talk to any of the staff, they are wonderful," and "Any worries – I speak to staff, the higher you go the better. You can go and see the (name) manager whenever you want to."
- The provider analysed the results of surveys, compliments, and complaints from people to improve the service. The results showed people felt that activities had improved, and the security of the home reviewed.
- Resident meetings were held regularly, and minutes taken. Not all people chose to attend the meetings but those that did said, "I enjoy the meetings it's good to be able to have a say."
- Staff told us they felt the staff meetings were helpful. They said, "It allows us to raise our thoughts, and hear what is happening, especially Christmas plans and special occasions." They spoke of how they had been given more responsibility and felt listened to.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The registered manager understood the importance of continuous learning to drive improvements to the care people received.
- The registered manager told us they continued to use complaints, safeguards, and accidents/ incidents, as learning tools to improve the service. The monthly governance audits confirmed this. One staff member said, "The registered manager shares feedbacks and results of reviews with us and that gives us ideas of how to improve"

Working in partnership with others

- The provider worked in partnership with others. This included, community nurses, local authority, GP teams and specialist nurses, such as the Parkinson's team and diabetic teams.
- Staff and the registered manager understood the importance of partnership working and worked well with other professionals to meet people's needs.
- Feedback from these health professionals included that communication and partnership working was open and good. This was fed back to the management team.

