BEN - Motor & Allied Trades Benevolent Fund

Town Thorns Care Centre

Inspection report

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Ratings

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

Overall summary

We inspected Town Thorns Care Centre on 3 December 2014 as an unannounced inspection. At the last inspection on 22 May 2013 we found that there were no breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008.

Town Thorns is divided into four separate units over three floors, providing accommodation and nursing support to up to 66 people of all ages. There were 54 people living at Town Thorns when we inspected the service.

A requirement of the service's registration is that they have a registered manager. 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 and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection.

We spent time in communal areas over the course of the day and saw interactions between people and staff were respectful, cheerful and kind.

People told us they liked the staff. It was clear staff had a good understanding of people's communication abilities and adapted their approach accordingly.

Summary of findings

People told us they felt safe. There were sufficient staff. The managers and staff were knowledgeable about how to meet the needs of people in their care, and how to protect them from abuse.

People's care records and associated paperwork was not always up to date. We have made a recommendation about the management of record keeping.

Improvements were required to the medicine administration procedure, to ensure medicines remained effective, and were administered only when required. We have made a recommendation about the management of medicines.

Staff told us they received suitable induction and training to meet the needs of people at the home. Staff received regular supervision meetings and yearly appraisals. This meant people were being cared for by suitably supported and trained staff.

There were appropriate policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected.

We saw people had access to health services and were assisted to maintain their health and well being.

Everyone we spoke with told us staff were kind and caring. We found that people's privacy and dignity was respected.

People and their relatives were involved in planning and agreeing their care. The care we observed matched the information on people's care plans, which meant people were offered support that met their individual needs.

The manager had sent notifications to us appropriately about important events and incidents that occurred at the home. They were aware of their responsibilities in notifying regulatory bodies and authorities about important events at the home, and were acting accordingly.

Staff told us they were well supported by the wider organisation, and that support was available from the provider when required.

The provider completed a number of audits to monitor the service, and to drive forward improvements.

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?

Requires Improvement

The service was not consistently safe. Care records were not always up to date.

The provider took appropriate steps to protect people from the risk of abuse as suitable recruitment procedures were in place, and staff understood their responsibilities for safeguarding people from abuse.

Improvements were required in medicine management at the home to ensure medicines were effective, and given when required.

Is the service effective?

Good

The service was effective. People and relatives told us that staff were appropriately trained and offered people the support they needed.

There were appropriate policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), to ensure people who could not make decisions for themselves were protected.

People were given the support they needed to access health care service to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Everyone we spoke with told us staff were kind and caring.

Staff respected people's privacy and dignity.

People made everyday decisions which were respected by staff, which promoted their independence.

Is the service responsive?

Good

The service was responsive.

People who used the service and their relatives were involved in planning their care. The care we observed matched people's care plans.

People and their relatives knew how to raise concerns with staff members or the manager if they needed to.

Is the service well-led?

Good

The service was well led.

People were involved in meetings to gather their feedback, and the provider acted on the feedback they received.

Summary of findings

The provider had systems in place to ensure they provided a good quality service. The quality monitoring system included regular visits to the home to speak with people, relatives and staff, and regular audits to check records were completed appropriately.

Town Thorns Care Centre

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.

This inspection took place on 3 December 2014 and was unannounced.

This inspection was conducted by two inspectors, a specialist advisor, and an expert-by-experience. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. Our expert-by-experience had personal experience of using a service which supported people living with dementia. The specialist advisor had specialist experience of caring for people with dementia.

Before our inspection we looked at and reviewed the Provider's 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 improvments they plan to make.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with 16 people who lived at the home, three relatives, two care staff, five nursing staff, and a team leader. We spoke with a member of the maintenance team, the chef, the activities co-ordinator, the registered manager and the deputy manager.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We looked at a range of records about people's care including four care files, daily records and charts for four people. This was to assess whether people's care delivery matched their records.

We reviewed management records of the checks the manager and the provider made to assure themselves people received a quality service.

We looked at personnel files for four members of staff to check that suitable recruitment procedures were in place, and that staff received appropriate supervision and appraisal to support them.

Requires Improvement

Is the service safe?

Our findings

People told us, or indicated to us through smiles and hand gestures, they felt safe. One person told us, "Yes, I feel very safe."

Care staff told us they had completed training in safeguarding and knew what they should do if they had any concerns about people's safety or if they suspected abuse. Staff told us the policy and procedure around safeguarding and whistleblowing formed part of staff induction so procedures were clearly understood. Staff understood the importance of reporting safeguarding concerns to their manager. We saw where appropriate the manager shared information with the local safeguarding authority, and kept us informed of the progress and the outcomes of their investigations. This meant the manager took appropriate action to safeguard people from the risk of abuse.

Staff told us, and records confirmed, suitable recruitment procedures were in place, which included checks into the character of staff before they started working at the home. One staff member told us, "They ask for our references and the police check before you start." This meant people were protected against the risk of abuse, as staff members were checked for their suitability to work with people.

Emergency plans were in place to manage risks to people's wellbeing, for example, what to do in the event of a fire. During our inspection a fire alarm sounded, and we saw the automatic doors closed appropriately, and staff responded in accordance with emergency training. Staff told us they knew how to implement the emergency plan if needed. This meant that there were clear instructions for staff to follow, so that the disruption to people's care and support was minimised.

We saw that there was a system in place to identify risks and protect people from harm. Staff members we spoke with told us people had a risk assessment in place for each risk to their health or wellbeing, which was filed in the person's care record. We saw that most people's risk assessments were up to date. However, we saw one person was at risk of poor nutrition and the risk assessment associated with this was not up to date at the time of our inspection. Other records we reviewed included fluid intake charts, which recorded people's fluid when they were at risk of dehydration. We saw recording on fluid charts was not consistently completed.

We looked at the care files for four people who lived at the home. Care plans were tailored to meet the needs of each person according to their support requirements, skills and wishes. Care records gave instructions to care staff on how to support people according to their requirements. Care records were maintained electronically within the home. The majority of staff had access to care records electronically. However, agency staff used paper care records. We saw the information on electronic records and paper records did not always match. Staff could not always see the most up to date information regarding the person's care.

We saw some people had made a decision, that in the event of a cardiac arrest, they should not be resuscitated (DNAR). One person had a DNAR that was not on the correct paperwork. Another person we saw had their DNAR records kept offsite. This meant in an emergency valid paperwork may not be available.

We saw there was a plan in place to maintain the gardens and premises at the home, and to make improvements. We spoke with the facilities manager who told us that areas of health and safety within the premises were their responsibility. They told us, "We have a company that does all our testing and servicing. They do the lifts, tests for legionella and the electrics too." We were told, "We do a fire alarm test every week and the fire alarms are serviced twice a year." This meant the provider maintained the premises of the home.

Most of the people we spoke with and their relatives told us there were enough staff to meet people's needs. One person said, "We could do with more staff at night sometimes." However, other people told us, "There are enough staff." One person said, "There are enough staff here, it's quite quiet. People aren't kept waiting." Another person said, "There's good numbers of care staff on each unit. I think people are safe here." We observed staff interaction with people in all areas of the home during our inspection. We saw there were adequate numbers of staff available in all parts of the home to meet the needs of people living there.

The manager told us, and records confirmed, the number of staff on duty depended on people's needs. They told us they looked at people's care plans to identify how many people needed support with everyday activities. This

Requires Improvement

Is the service safe?

information was used by the management team to review the staffing levels on a regular basis, and to make adjustments to staffing levels when people's needs changed.

We observed a medicines administration round and spoke to two members of staff responsible for the administration of medicines. They confirmed only staff trained in the safe handling of medicines could administer them. We saw that medicines were kept in appropriate locked cabinets. Records were kept of medicine administration, and suitable procedures were in place for the handling of controlled medicines.

The home had four different areas where they stored medicines. Three of the areas did not have any monitoring procedures in place to monitor the temperature of the storage areas. Some medicines need to be kept under a temperature of 25 degrees centigrade to maintain their effectiveness.

There was not a robust protocol in place for administering medicines prescribed on an 'as required' (PRN) basis. We saw one person's records stated they were frequently in pain, and needed to have medicine when they showed 'signs of pain'. The records did not state what the 'signs of pain' were, which meant staff might not recognise when the person was in pain, and therefore might not give medicine when required.

We recommend the service reviews their care records, risk assessments and associated paperwork, and seeks advice and guidance from a reputable source about the timely maintenance of records so that records are kept up to date and maintained consistently.

We recommend the service consider current guidance on how to maintain medicines so that they remain effective when used, and consult guidance on the administering of PRN medicines, and take action to update their practice accordingly.

Good

Is the service effective?

Our findings

People and relatives told us that staff were trained and offered people the support they needed. One person told us, “Oh yes, they do.” Another person told us, ”The staff are all very good, they are experienced and know what they are doing.”

Staff told us their induction and training was up to date and gave them the skills they required to meet people’s needs. One staff member told us, “They are very quick to get you on training when you start.” We saw staff were able to complete nationally recognised qualifications in Health and Social Care to continue their personal development. Staff we spoke with confirmed they were encouraged to undertake this training. One staff member we spoke with told us, “We do training each year, we cover manual handling, safeguarding and food hygiene. You can do national vocational qualifications, and if there’s any additional training we can go on it.” Another member of staff told us, “The training is excellent.” This meant staff were offered the skills they needed to effectively support people at the home.

We saw care staff used appropriate moving and handling equipment when they assisted people. We saw one person being moved using a hoist and handling belt. Staff explained to the person what they were intending to do, and offered the person reassurance. Staff took their time to reduce the person’s anxiety as they were worried about the hoist. The transfer was completed safely and the person immediately became more relaxed. Staff reassured the person and checked on them before leaving them in their room. This meant care staff were trained appropriately in moving and handling people when they required assistance to mobilise.

Staff told us they received regular supervision meetings called ‘Job Chats’ and yearly appraisals. One staff member told us, “Our ‘Job Chats’ let staff share any concerns we have. They promote good practice.” Regular supervision meetings provided an opportunity for staff to discuss personal development and training requirements to keep their skills up to date. Regular supervision meetings enabled managers to monitor the performance of staff, and discuss performance issues. This meant people were being cared for by suitably qualified, supported and trained staff.

We asked the manager about their responsibilities under The Mental Capacity Act 2005 (MCA) This sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) sets out how applications are to be made and individual orders include conditions that providers must follow to ensure people receive effective agreed care.

They were able to explain to us the principles of MCA and DoLS, which showed they had an understanding of the legislation. We saw that where people were able to consent to their care and treatment, care plans were signed by the person. Where people could not consent to their own care and treatment, people had received mental capacity assessments. However, the mental capacity assessments did not detail which decisions each person could make for themselves, and which decisions people needed to have made on their behalf, in their best interests. The manager explained that new paperwork was being introduced in January 2015 to improve the recording of mental capacity assessments, and decision making procedures for people could not make decisions for themselves.

We saw DoLs assessments had been completed regarding people at the home to assess whether they needed a DoLS. The manager had sought advice from the local authority regarding recent DoLS assessments to check they were following the latest guidance. The manager demonstrated they understood their responsibilities under MCA and DoLS and acted appropriately.

We saw the home had a number of communal dining areas located on different floors. On one floor there was a dining room which was arranged like a restaurant. Tables were laid with table cloths, cutlery, and flowers. This area was available for anyone at the home to use via a booking system, as long as they were able to eat without assistance. People also used the ‘restaurant’ dining room situated in the sheltered accommodation facilities located at Town Thorns. This meant people were given an opportunity to participate in an enjoyable dining experience, and mix with people from the local community. One person told us, “My husband and I eat in the restaurant, it’s beautiful and you have a good choice of meal.”

People chose each day what they wanted to eat the following day, and meals were prepared according to their order. Menus were displayed so that people could see the food options each day. We saw two people didn’t eat their

Good

Is the service effective?

lunchtime meal, and were offered toast as an alternative. People we spoke with told us that if they did not like the food option they had chosen, or if they changed their mind, they were able to ask for an alternative meal. One person we spoke with told us "If you don't like anything you can ask for an alternative and they will get it for you. "We saw a range of food was available each day to meet people's cultural or religious preferences. For example, there was a vegetarian option. One person told us, "I don't like meat all the time." The kitchen provided food for people who required a specialist diet. We saw that each person had a diet assessment completed which was located in the kitchen. For example, whether people required a 'soft' diet or high calorie food. This meant people were given food that met their needs.

We looked at the health records of the people who used the service. We saw that each person was provided with regular health checks, and they were supported to see their GP, optician, dietician, and dentist. People told us they were able to access health care support when they needed to. One person said, "My GP and my chiropodist both visit me here." Another person told us, "The home provides a driver to take me to my appointments, it's absolutely marvellous."

We saw people were able to access other professionals in relation to their care such as the on-site physiotherapist. People told us this facility supported them to improve their mobility. We saw there was a specific physiotherapy department, and two members of staff to support people with their needs. The provider was also re-furbishing a hydrotherapy pool at the time of our inspection to further support people with their physiotherapy. One person commented, "The physiotherapy department is on site, and is very good." This meant people were supported to maintain their health and wellbeing.

Staff we spoke with told us they had a handover meeting at the start of their shift which updated them with people's health and care needs. Staff also maintained a communication book to exchange information about people's care needs for staff who could not attend the handover meeting. One staff member told us, "When someone moves in the team leader or unit manager gives us the background on them in the handover meeting." Staff told us the handover information supported them to provide appropriate care for people. This meant staff were kept up to date with changes to people's care needs.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff were kind and caring. One person we spoke with told us, "I wouldn't change anything." Another person said, "Staff try very hard for you." One person told us, "It's like a five star hotel." Another person said, "They are very lovely here, very nice. Everything is lovely."

People told us they liked the staff, and that staff often spent time with them. One person commented on the atmosphere at the home, they said, "It's a nice friendly atmosphere, you can have a laugh with everyone." One relative we spoke with told us, "We've had a long experience here, the staff are kind and conscientious, I can't fault them."

We spent time in communal areas over the course of the day and saw interactions between people and care staff were respectful, cheerful and kind. It was clear care staff had a good understanding of people's communication abilities and adapted their approach accordingly to meet people's needs.

We saw most people could chose where they spent their time during the day. The home had a number of communal areas including lounge areas, dining rooms, a restaurant, a games room, the main hall, two shops, a hairdressers, and outside garden and patio areas. Some people chose to spend their time in the communal areas, and other people we saw chose to stay in their room. We saw that people who were living with dementia were unable to move around as freely as other people at the home, as they were located in a separate unit that had secure doors. Staff members told us that people living with dementia were able to use all areas of the home, if they were accompanied by a member of staff, as this reduced the risk of harm to themselves and other people at the home. During our visit we saw one person living with dementia who was accompanied by a member of staff in the main hall. This meant people were able to make choices about where they spent their time.

We observed care staff asked people if they would like assistance, and their wishes were respected. Where people had declined personal care we observed care staff returning to offer assistance later. This meant people were supported to make day to day choices about when they would like to receive care and their choices were respected.

People told us they could have visitors or relatives visit them at any time. We saw the home had facilities for people to have their relatives to stay overnight, in the event their relative needed the support of family members.

People were able to access a range of different services offered in the home, which helped them to maintain their independence. We saw that each unit in the home had a kitchen area, including the unit where younger adults were living. This kitchen area was an 'open' access area, and people could make their own snacks and drinks.

People told us staff respected their privacy and dignity. One person we spoke with said, "Staff are very respectful and they protect my dignity." Another person said, "Oh yes, staff are very respectful."

Staff knocked on people's bedroom doors and called out before entering. We saw care staff understood the importance of explaining why they were entering their room, and waited until people asked them to enter their room. This meant people were treated with dignity and respect.

Good

Is the service responsive?

Our findings

All of the people and relatives we spoke with told us staff were responsive to people's needs. One person told us, "When I press the call button the staff respond quickly." Another person said, "If you press the call button they come straight away." A relative we spoke with said, "It's a lovely place, you only have to ask for something and it's there."

People we spoke with told us they were involved in planning their own care. The relatives we spoke with told us they were involved in planning their relative's care, where their relative could not plan their own care. Staff and the records we reviewed confirmed this. One staff member said, "People are involved in care planning, key members of staff are also involved, along with family members." One relative we spoke with said, "The staff are friendly and [Name] gets personalised care." They added, "They've taken time to get to know them."

During our inspection we saw the support care staff gave to people matched the information in their care records. For example, we saw how care staff supported people to move around the home using the specialist equipment that had been identified in their records. This meant people were receiving care that was responsive to their individual needs.

People were able to have their room how they wanted, and decorate their room according to their own tastes. We saw people had a range of different styles of furnishings in their rooms, and people had brought things from their previous residence to make their room feel like home. Two people chose to keep a pet bird, and we were told that the home had arranged the support required to keep the pets and the people around them safe. This respected people's individual choices.

We asked people about the support they received to take part in hobbies and interests according to their wishes. People told us they took part in some events in the home which met their interests. One person told us, "We go out to concerts, meals out, and shopping." We saw that a list of events were displayed on the noticeboard in the reception area, which showed a range of things happened each day. " One person told us, "I can visit the cinema or go swimming." One person told us, "We really like the activities."

We observed an activity that was taking place in one of the communal areas, nine people were enjoying making crafts. We saw that there was a schedule of two different activities per day during the week. We spoke with a member of staff at the home who was the designated activities co-ordinator. They explained that activities were arranged to support the preferences of people at the home, and to encourage people to take part in hobbies and interests that met their social needs. We saw that in addition to the designated activities co-ordinator a volunteer came to the home daily to offer support to people who wanted to take part in individual and group activities.

When we arrived we saw one person was playing a ball game with the activities co-ordinator, whilst another person was involved in creating 'art'. We saw there were also several members of staff around the home putting up Christmas decorations with people who lived there.

We saw one person who was in bed, making items of jewellery, as this was their hobby. This meant people were supported to take part in interests and hobbies that met their individual needs.

People told us they knew how to raise concerns with staff members or the manager if they needed to. All the relatives we spoke with were aware of what to do if they were unhappy about anything, and all were confident that any issues would be resolved straight away.

We saw there was information about how to make a complaint on the noticeboard in the reception area of the home, and in the guide that each person received when they moved to the home. We saw there was a complaints procedure in place, and that where complaints were received they were documented and responded to in a timely way according to the procedure. Complaints and concerns were analysed by the provider to identify any on-going trends that might require service improvement.

Good

Is the service well-led?

Our findings

People and their relatives told us the home was well led by the management team, one person said, “The home is well run, and the staff are nice.” A relative told us, “The manager has been very attentive, really informative.” A member of staff told us, ““The managers are very approachable, things get sorted out.” Another member of staff said, “It’s one of the best run homes I’ve worked in. The managers are helpful, they are always on call and they are good.”

Staff told us the deputy manager worked alongside staff at the home, and they had the opportunity to talk with them if they wished, or to give them feedback. We saw the home gathered feedback from staff in regular meetings to help improve services. We saw where an issue had been raised, the manager informed staff what action they would take to resolve the issue. One member of staff told us, “Once a month we have unit meetings, the managers come and things are sorted quite quickly.” This meant the manager listened to feedback from staff, and acted to improve the service.

People and their relatives told us they were able to be involved in developing the service they received. This was because they could provide feedback to the manager or deputy manager at any time, as they were on site, and operated an ‘open door’ policy. We saw people could also leave their comments about the service in the reception area. The manager also told us people were also able to provide feedback regarding the service in annual customer satisfaction survey.

We saw the results of an anonymised customer satisfaction survey from June 2014. We looked at comments people had made and found that a high percentage of people were happy with the quality of the service provided. Where people had made comments regarding the improvement of the service, these had been analysed by the provider to highlight any areas that may need action taking. We saw an improvement plan had been drawn up which listed a number of planned refurbishment projects around the home. For example, the replacement of the flooring in several areas of the home upgrades to some people’s rooms, and additions to the garden area. Actions were being taken in response to comments people had made.

This meant people were able to express their views freely about how the service was delivered, and the provider made positive changes to the service in response to the feedback they received.

We asked the manager whether they were well supported in their role by the provider. They told us they were. They said they had frequent visits from other members in the organisation’s management team, including heads of department, who visited the home for regular meetings and to offer them valuable support. They also had regular audits organised by the provider to check on the quality of service provision at the home. They said, “The heads of department meetings are good, because they give me an opportunity to share ideas and learn from other managers in the organisation.”

We saw a range of different meetings took place to gather views from people, their relatives and staff. The meetings were recorded and where improvements or changes had been suggested by people or their relatives these improvements had been written into an action plan, which was later implemented by the provider.

Information gathered from people helped the manager and the provider to analyse the quality of the service provision, and to drive forward improvements. This meant the provider was analysing the feedback they received regarding the service, and was acting appropriately to respond where there were concerns.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the home had completed an investigation to learn from incidents. Where investigations took place the manager reviewed where lessons could be learned to drive forward improvement. Information about this learning was shared with staff in meetings, briefings and handover information. This minimised the chance of them happening again.

The provider completed a number of checks to ensure they provided a good quality service. For example, regular audits and regular visits to the home. We saw the manager also conducted internal audits to identify areas where improvements needed to be made. For example, the manager conducted regular care records audits, and medications audits. We could not see from these audits that the manager had identified care records were not always kept up to date, or that medicines management required improvement. We saw that where issues had been

Good

Is the service well-led?

identified by the provider, action plans had been generated to make improvements. These were monitored at follow up visits to ensure they had been completed. This was to ensure the service continuously improved.