Thorndene Residential Home Limited

Thorndene Residential Home

Inspection report

107 Thorne Road
Doncaster
South Yorkshire
DN25BE
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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

Overall summary

This was an unannounced inspection carried out on 6 January 2015. We last inspected the service in October 2013 and found they were meeting the Regulations we looked at.

Thorndene Residential Home is situated on the outskirts of Doncaster, and is in easy reach of local shops and amenities. The home is registered to provide accommodation for up to 22 older people. Accommodation is located on both the ground and first floor. There is a small car park at the front and enclosed gardens at the side and rear of the home. At the time of this inspection there were 19 people who used the service living at the home.

The service has a registered manager who has been registered with the Care Quality Commission since January 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living in Thorndene. One person said, "I have lived here for a while and it's 'easy' we are all very relaxed and I don't think there is anything for us to worry about." Another person told us they felt safe because there was always someone there or they would come straight away if they pulled their alarm chord. The person said, "I had a fall in my room the day before and staff came straight away and checked me out".

There were procedures to follow if staff had any concerns about the safety of people they supported. The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) 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, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. For example we saw from records that people had received intervention from a speech and language therapist (SALT). This meant people with swallowing difficulties received food and fluids appropriate to their needs. One person said, "If I needed a doctor I'd tell them (staff) and they'd arrange it. If a doctor can't come they'd take you." This was confirmed by the person's relative who added, "Even when I was here and he needed to go to the doctors staff went with me because of his wheelchair, staff are very good."

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. People told us they did not have to wait to receive personal care. We saw that staff answered call bells quickly.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked. One person said, "Food's great, chef is very good, gives us a list of what we can have in the morning but she always says if there's nothing you like, she asks us what we would like."

People were able to access a few activities like a motivation class. However, these sessions were only available once every two weeks. People told us they particularly enjoyed the planned activities but found at other times there was nothing organised. The registered manager told us that this was an area that she plans to develop in the near future.

We found the home had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. One person said, "It feels like home living here." Another person said, "Staff are always there when you need help."

Staff told us they felt supported and they could raise any concerns with the registered manager, and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that no formal complaints had been received in the last 12 months. The registered manager told us that she was going to commence a log that will capture 'niggles and concerns'.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

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.

Good

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

Is the service effective?
The service was effective.

Good

Each member of staff had a programme of training and were trained to care and support people who used the service safely.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?
The service was caring.

Good

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home. They found the registered manager approachable and always available to answer questions they may have had.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

The registered manager had a good understanding of how to support people at the end of their life. The religious and spiritual needs of people were met through visiting clergy.

Is the service responsive?
The service was responsive.

Good

Summary of findings

We found that peoples' needs were thoroughly assessed prior to them moving in to this service. Visitors told us they had been consulted about the care of their relative before and during their admission to Thorndene.

Communication with relatives was very good and visitors we spoke with told us that staff always notified them about any changes to their relatives care.

People told us the manager was approachable and would respond to any questions they had about their relatives care and treatment.

People were encouraged to retain as much of their independence as possible and those we spoke to appreciate this. Activities that were planned did not always take place. The registered manager told us that this was an area that she plans to develop in the near future.

The service had a complaints procedure that was accessible to people who used the service and their relatives. The registered manager told us that she was going to commence a log that will capture 'niggles and concerns'.

Is the service well-led?

Good

The service was well led.

The registered manager listened to suggestions made by people who used the service and their relatives. The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Thorndene Residential 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.

This inspection took place on 6 January 2015 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience with expertise in care of older people in particular dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also contacted Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also looked on the NHS Choices web site to gather further information about the service. Prior to our visit we had received a provider information return (PIR) from the provider which helped us which helped us to prepare for the inspection. 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 spoke with the registered manager, a senior care worker, two care staff and the cook. We also spoke with nine people who used the service and six visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with told us they felt safe. One person told us that there had been a person who had behaved aggressively and that had made them "anxious" but the staff had dealt with it quickly. The person's relative told us they felt their relative was "safe" and that they "Didn't have any concerns." Another person said, "I feel safe because there was always someone there or they would come straight away if I pull the call bell." A relative said, "My relative is entirely dependent on carers and can only be up for so long during the day. I feel mother is safe because staff are brilliant with mum, they check on her every few minutes."

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. They said they would report anything straight away to the senior or the registered manager.

Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. We saw there was an up to date fire risk assessment which had been agreed with the fire safety officer. Risks associated with personal care were well managed. We saw care records included risk assessments to manage a person at risk of falling. The risk was managed by obtaining equipment to alert staff if the person got up out of bed, which may result in the person falling. Staff were also vigilant when observing people moving around the home. For example we observed two staff watching carefully whilst a person stood up from the table to get their walking frame. The carers did not interfere but were obviously ready to assist if required. The person later said, "I have to be accompanied if I go out. I don't like it, I feel as if I'm putting on staff but they say don't be silly. I expect they want me to be safe."

We found that the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager. We spoke with a new member of staff and they confirmed the arrangements to ensure they were competent and confident to work unsupervised. The staff member said, "I worked alongside a senior for a while and had the opportunity to read care plans before assisting people with their personal care."

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The registered manager told us that each year staff were asked to complete a declaration which asks if their DBS status had changed. If any changes were declared the provider would make a decision if they needed to obtain a new DBS check. They were fully aware of their accountability if a member of staff was not performing appropriately.

We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. The registered manager told us they had a flexible approach to ensure sufficient staff were on duty to meet people's needs. They told us they would listen to staff if they raised any concerns about not being able to meet people's needs. They also used a dependency tool before considering any changes to the number of staff on each shift. People who used the service and their relatives raised no concerns about staffing levels. One relative said, "There always seems to be sufficient staff on duty, they don't seem to be rushing around. They have time to stop and chat to me about my relative."

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored with additional

Good

Is the service safe?

storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked records of medicines administration and saw that these were appropriately kept. There were systems in place for checking medicines stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy.

During lunch we observed the senior care staff administering medication. We saw they did this in a professional, low key manner. They locked the medicine cabinet every time they left it even if only moving to a nearby person. We heard the senior care worker ask people if they required pain relief and acted upon their wishes.

We saw the senior care worker followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required', for example painkillers. One visitor told us that their relative was not on much medication only pain relief and they felt this was managed very well. We saw plans were available that identified why these medicines were prescribed and when they should be given. The senior care staff we spoke with knew how to tell when people needed these medicines and gave them correctly.

The registered manager showed us training records to confirm staff had the necessary skills to administer medication safely. An annual competency check was also undertaken. We saw records which confirmed these arrangements. Monthly audits were undertaken to ensure medication was administered as prescribed. Any errors were picked up and dealt with by the registered manager. The registered manager explained how they addressed this for example, it may involve further training and assessment to ensure staff were deemed competent to continue to administer medication to people who used the service.

Good

Is the service effective?

Our findings

People received care and support that was appropriate to their needs. We observed staff interacting with people in a way that ensured their consent was gained before any interventions took place. People we spoke with were positive about their care. One person said, "If you have to be in a home I think this is the one to be in." Another person said, "I go to bed when I feel like it, get up at any time. I have breakfast at 8.30, my choice." We asked relatives about the care provided at Thorndene. One relative said, "My relative coming in here brought her back up again, she'd been in and out of hospital. Her confidence came back after she came here. It has been the best thing for her, and for us."

We looked at the care records for three people who used the service and there was clear evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example we saw people had consented to the use of photographs on care plans and medical records. People were also consulted about their continuing involvement in care plan reviews and these had been signed by the individual or their relative.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests. and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We found the service to be meeting the requirements of the DoLS. The registered manager was aware of the latest guidance and was reviewing people who used the service to ensure this was being followed. They told us that most staff had received some training in the subject but they wanted to undertake further training which they were hoping to source in the near future. The staff we spoke with had a good understanding of the principles of the MCA that ensured they would be able to put them into practice if needed.

We looked at completed mental capacity assessments and documents completed for best interest decisions. The registered manager told us they intended to add further details to the mental capacity assessments to ensure they were decision specific, such as finances and medication.

Staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. Most of the staff who worked at the home had also completed a nationally recognised qualification in care to levels two, and three. We saw that staff had received training in dementia care and dementia awareness and related well to people. The registered manager told us that they planned to further develop lead roles for some staff which will include dignity, dementia, nutrition and end of life champions.

Systems to support and develop staff were in place through monthly supervision meetings with their line manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals had been completed for all staff. This meant staff were formally supported in relation to their roles and responsibilities. Staff we spoke with confirmed supervision arrangements. They told us they felt supported by the registered manager and the providers who were visible and accessible throughout the week.

There was clear evidence that people had access to their GP when required. People we spoke with told us that they were sometimes supported to visit the GP surgery rather than have a visit at the home. We saw on the records that people had access to other health professionals such as the optician and dentist. We saw some people had been seen by the speech and language therapist (SALT) and there were written reports and examples of specific diets that they had recommended. We spoke with the cook about specialist diets and they were able to provide good examples of the foods they prepared and served for people on soft diets.

Staff told us they paid particular attention to people who were at risk of losing weight. If needed they told us they would give extra high calorie foods and closely monitored their weights. If needed they would inform the senior care worker or the registered manager to refer to the dietician for advice.

Good

Is the service effective?

We spent time during lunch observing peoples dining experiences. There was a calm atmosphere and staff supported and encouraged people throughout the meal. People we spoke with told us the food was very good. One person said, “Food’s great, chef is very good, gives us a list of what we can have in the morning but she always says if there’s nothing you like, she gives us lots of alternatives.” Another person said, "The food was very good, a different type of meal every day, the cook comes round every morning and asks what we want, some get alternatives; some can’t swallow so get special meals. I’m putting weight on and that’s good.” The person’s relative told us about their relative saying, “When he came in he was very thin, he’d lost a lot of weight having operations, he’s 70kg now from 48kg.”

Good

Is the service caring?

Our findings

We saw that staff knew people who used the service very well and had a warm rapport with them. There was a relaxed atmosphere throughout the building with staff having time to have a joke with the people they were caring for. People who used the service and visitors were positive when describing interactions with the staff. They said, "They are very kind. I've always been independent and don't like putting on people but they say you must do. They (the staff) say ring your bell it's what we're here for." Another added, "I don't know how staff do it, they are very patient, as good as gold." A relative said, "The team on night duty sat with my relative when she was ill." They went on to say, "Staff make time, they are very caring. When they don't know you are looking you notice them doing things like asking if they want a drink, playing cards, and dominoes. I know it's their job but they put themselves out." Referring to their mother's key worker they said, "He (the staff member) can get her laughing, it feels like an extended family, they are very welcoming when you come in."

We saw there were designated dignity champions. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. We observed that people were treated with respect and dignity was maintained. Staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy. One relative we spoke with said, "They (the staff) will still ask mum's opinion, every courtesy is applied to mum even though she sometime finds it difficult to understand. They knock on the door before they come in." The relative went on to say, "Staff treat all with dignity and respect; everything is about the residents and their welfare and happiness."

We looked around the home and found there was limited space for people to see their visitors in private. The dining area was the hub of the home and we saw several relatives throughout the day sitting in this area. Conversation could be overheard but relatives we spoke with did not see this as an issue. Relatives told us that if they wanted to talk in private they would go to their relative's bedroom.

The manager told us that there were no time restrictions to visitors and the relatives we spoke with confirmed these arrangements. One relative said, "Everybody is alright, if visiting, the first thing staff ask is do you want a cup of tea." A person who used the service said, "I get a lot of visitors and they are amazed when refreshments are brought to them straight away, always nicely served."

We looked at three care and support plans in detail. People's needs were assessed and care and support was planned and delivered in line with their individual needs. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs.

We saw one file we looked at contained a 'This is me' document. This is a tool for relatives of people living with dementia to complete that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes. The registered manager told us the tool was given to relatives to complete so that they could better understand a person's needs if they could not fully respond to the questions staff asked when getting to know them.

The staff we spoke with were thoughtful about people's feelings and wellbeing and the staff we observed and spoke with knew people well, including their personal histories. They understood the way people communicated and this helped them to meet people's individual needs. For instance, we saw that all staff on duty communicated with the people who used the service effectively, They used different ways of enhancing communication by touch, ensuring they were at eye level with people who were seated, and altering the tone of their voice appropriately for those who were hard of hearing.

The registered manager told us that they were developing their role as the end of life champion for the service. This involved attending meeting where they could share experiences and built links with key professionals. They told us they were working to the principles of the 'Gold standard framework' which is a nationally recognised framework for frontline staff to provide a gold standard of

Good

Is the service caring?

care for people nearing the end of life. They told us the home worked to ensure people's wishes around end of life we respected. This may involve contacts with various faiths in the local area and involvement of family and friends.

Good

Is the service responsive?

Our findings

We spoke with people about how they were able to access activities. One person said, “We had a lot of things going off over Christmas, like a children’s choir, pantomime and visits to a local pub.” However we found access to activities at other times were limited. Relative we spoke with confirmed the lack of activities. On relative told us, “The front room is just full of people sitting round.” Another relative said, “All I see, and I come in after dinner, is them all asleep in lounge.” One person who used the service said, “Carers come and ask if you want to play dominoes or cards but most people would sooner sleep, they (staff) probably get fed up of asking because no one wants to do it.” Another person said, “I am given time on my own to do crosswords and read, that’s what I like to do.” A motivation class took place once every two weeks and people told us they enjoyed the class very much.

We noted there was an activities plan on display in the entrance but the activity planned for the morning of this inspection did not take place. Staff told us they found it very difficult to organise activities in the morning due to work pressures. The also said people who used the service were more reluctant to join in activities in the morning. We saw the home did not display forthcoming activities or anything that showed activities had taken place like photographs or craft work. The registered manager confirmed that activities were an area that required improvement. She had begun to look at ways to involve people more and had asked the provider to put up a display board in the entrance to capture activities and future events.

People’s needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of three people’s assessments and care plans. They gave a clear picture of people’s needs. They were person-centred in the way that they were written.

We found that people’s care and treatment was regularly reviewed to ensure the care and treatment was up to date. Relatives we spoke with told us they were able to discuss any concerns with the registered manager. One relative said, “I sat down with the manager and made a care plan and then every so often we have another meeting with family to review the care plan.” Another relative told us she was aware of her relatives care plan and where it was kept. She said, “I can go and get it now if I wanted but I don’t need to as I know my relative is under continual review, I could sit down and talk to the manager everyday if I wanted, I don’t need to.” They told us they had discussed and put in place an ‘end of life plan’ with the manager and their relatives consultant.

The service had up to date policies and procedures in place with regards to any complaints people may have. There was a copy of the process to follow on display in the entrance. We asked the registered manager and staff if there had been any complaints to deal with since our last inspection. They told us there had been no formal complaints. The registered manager told us that niggle’s and minor concerns were dealt with straight away. However these were not recorded. The registered manager told us she would set up a log to capture this information.

People we spoke with told us they were confident in being able to express what was important to them and they were positive that they were listened to and respected. One person said, “I feel that if something is not quite right the manager will do something about it.” A relative said, “The manager is always available to talk to and discuss your concerns”.

Good

Is the service well-led?

Our findings

The service was well led by a manager who has been registered with the Care Quality Commission since January 2014. People we spoke with told us they knew who was the manager and said they were approachable and would deal with any concerns they might have. One person said, "If you want anything they sort it out for you". Another person said "I'd tell the manager or I could talk to the deputy if I'm puzzled about anything." Relatives told us that the manager was always available. They told us regular meeting were held although some said they did not feel they needed to attend as they were confident the home was run well for the benefit of the "residents."

A member of staff said, "The atmosphere at work was relaxed in a good way but it is a tight ship." Other staff told us that they felt supported and understood the standards that were expected of them. Staff felt able to make suggestions about how to improve the service and they were listened to. We observed handover from staff working in the morning to those working the late shift. This was managed professionally and staff were able to have a two-way conversation about people they were caring for.

The registered manager had a clear vision of areas that they wanted to develop to make the service better. For example, developing lead roles for key staff which included dementia, infection control, nutrition and end of life champions. They also wanted to encourage better attendance at the manager's surgeries to empower relatives in improving the service.

The provider had effective quality assurance systems in place to seek the views of people who used the service, and their relatives. Surveys were returned to the registered manager who collated the outcomes. Any areas for improvement were discussed with staff and people who used the service to agree any actions which may need to be addressed. We looked at outcomes from the last questionnaires sent to relatives and people who used the service. Comments were positive and all areas came out as good or outstanding.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

Prior to our visit we spoke with the local authority commissioners about the service and they told us that they had no concerns at all.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to improve the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.