

Thamesfield Limited

Thamesfield Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 19 and 21 April 2016 and was unannounced. Thamesfield Nursing Home is a care home with nursing that provides a service to up to 12 older people. At the time of our inspection there were 12 people living in the home.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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 2008 and associated regulations about how the service is run. The registered manager was present and assisted us during this inspection.

People told us they felt safe living at the home. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident it would be addressed appropriately. There were robust recruitment processes in place. All necessary safety checks were completed to ensure prospective staff members were suitable before they were appointed to post.

People told us staff were available when they needed them and staff knew how they liked things done. The service ensured there were enough qualified and knowledgeable staff to meet people's needs at all times. The provider had employed skilled staff and took steps to make sure the care was based on local and national guidance. Staff were knowledgeable and focused on following the best practice at the service making sure people received appropriate care and support.

People told us they were encouraged to do things for themselves and staff helped them to be independent when they could. Risk assessments were carried out to ensure people's safety. Staff recognised and responded to changes in risks to people who use the service. People received effective personal care and support from staff who knew them well and were trained and supervised. There were contingency plans in place to respond to emergencies.

People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans reviewed regularly or as changes occurred. People were given a nutritious and balanced diet and hot and cold drinks and snacks were available between meals. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. Staff knew how to access specialist professional help when needed.

People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure those rights were promoted. People were treated with care and kindness. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The managers and staff were knowledgeable about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). At the time of our inspection no one was deprived of their

liberty. Staff were following the principles of the MCA when supporting people to make a decision.

People received their prescribed medicine safely and on time. Storage, handling and records of medicine were accurate. People and relatives told us good things about the service they received. Our observations and the records we looked at confirmed the positive descriptions people and relatives had given us. Staff understood the needs of the people and we saw care was provided with kindness and compassion. People and their families told us they were happy with their care.

People were able to engage in meaningful activities or spend time with their visitors or by themselves. Their choices were always respected. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity. People benefitted from living at a service that had an open and friendly culture.

People felt staff were happy working at the service and had a good relationship with them, each other and the management. Staff told us the management was open with them and communicated what was happening at the service and with the people living there. People told us they felt the service was managed well and that they could approach management and staff with any concerns.

The registered manager assessed and monitored the quality of care consistently with the help of staff and other members of staff in the company. The home encouraged feedback from people and families, which they used to make improvements to the service.

Throughout our inspection we saw examples of appropriate support that helped make the service a place where people felt included and consulted. People and their families were involved in the planning of their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff. Medicines were stored and handled correctly.

Is the service effective?

Good ●

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a high standard.

Staff promoted people's rights to consent to their care and to make their own decisions. The staff had a good understanding of their responsibilities under the Mental Capacity Act 2005. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards. No one was deprived of their liberty in the service.

People were supported to eat and drink enough. Staff took actions to ensure their health and social care needs were met.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful. Staff worked well with people, encouraging their independence and supporting them to do things.

People's dignity and privacy were respected and staff encouraged people to live a fulfilling life.

Is the service responsive?

Good ●

The home was responsive. We saw staff responded on time and appropriately to people's needs. People and their families were able to raise their concerns in the home and these were responded to appropriately. The staff and registered manager

were approachable and dealt with any concerns in a timely manner.

People and their relatives were involved in the care planning process. People's needs were assessed and appropriate records were in place.
The home arranged activities for people who use the service according to their wishes and interests.

Is the service well-led?

Good ●

The service was well led. There was a positive and open working atmosphere at the service. People living at the home, staff and relatives felt the registered manager and team were approachable.

There was a commitment to listening to people's views and making changes to the service in accordance with feedback received.

Systems were in place to review and address any incidents and accidents in order to identify any themes, trends and lessons to be learned. The registered manager had quality assurance systems to monitor quality of care and support.

Thamesfield Nursing 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 was carried out on 19 and 21 April 2016. It was unannounced. The inspection team consisted of the lead inspector and a specialist advisor on the second day.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with six people who use the service. We spoke with the registered manager, two regional managers, two registered nurses and two care assistants. We observed interactions between people who use the service and staff during the two days of our inspection. We spent time observing lunch in the dining room. As part of the inspection we requested feedback from four health and social care professionals and two local authorities. We also asked for feedback from three relatives.

We looked at four people's care plans, associated documentation and medicine records. We looked at the recruitment files for two members of staff, staff training and staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of documents relating to the management of the service, for example, audits, the utility service certificates, service risk assessments, the complaints and compliments records and incidents records.

Is the service safe?

Our findings

People told us they felt safe living at the home. If they had any concerns or issues, they would speak to the registered manager or the staff. People said they were all very approachable. People were protected against the risks of potential abuse including financial, physical, emotional, and psychological. Staff had the knowledge to identify safeguarding concerns and acted on these to keep people safe. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People benefited from a safe service where staff understood their safeguarding responsibilities. People said the staff were available whenever they needed them.

People were protected from risks associated with their health and care provision. Each person had a risk assessment to review their abilities and support needed to keep them safe which also took into account people's wishes to be independent. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. Some people needed to use equipment to keep them safe, for example, bed rails. One person told us they chose to have bed rails as it made them feel safer and they had no problems having them. We noted to the registered manager regarding moving and handling risk assessment. Although staff supporting the person were aware of how to help them, it was not evident what safety measures and guidance were in place when, for example, new staff would start working in the service. The registered manager agreed and assured us this would be rectified. A new system was trialled to update the care planning and recording to ensure records were clear and explicit. The staff monitored general risks within the service for specialised equipment such as hoists, which were up to date with their latest service checks. Other premises checks were also carried out regularly, for example, fire safety and fire equipment checks. Any maintenance issues were dealt with quickly when identified and reported.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. There had been no accidents or incidents recently. The registered manager monitored people's wellbeing and safety on a daily basis. They spent time with people and staff observing daily practice. Staff would report to the registered manager any changes and what was going on in the home. Regular meetings took place which were used to discuss different topics and raise any safety issues.

Plans were in place, in case of emergencies such as emergency evacuation plans. There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. The service was near the river. They worked closely with the local environmental agency which would alert the service regarding flooding so the staff could move people to safety.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Although the service used agency staff, all staff were deployed in a way that kept people safe. The registered

manager selected the agency staff to work in the service and ensured they had appropriate induction to be able to support people properly and safely. Recruitment was ongoing to ensure the right numbers of permanent staff. People told us there were always sufficient staff to meet their needs.

The service followed safe recruitment practices. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. We found a gap of seven years for one staff. We noted this to the registered manager. This was rectified and recorded in the staff member's file.

Peoples' medicines were managed and administered safely. There were safe medicine administration systems in place and people received their medicines when required. We reviewed the room where controlled drugs were kept. The staff handed over the keys to the staff working in the afternoon and checked the numbers in the controlled drug cabinet tallied. Medicines fridge and room temperatures were checked regularly. We reviewed medicine kept in the trolley which was always left locked. We looked at the medication administration record sheets. There were no gaps and medicine was signed accordingly. People understood the reason and purpose of the medicines they were given. People told us staff always helped them to take their medicine.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "I'm happy, this place is good", "All [staff] very different, very friendly and very helpful" and "They [staff] are always so happy and helpful".

Staff told us they had the training and skills they needed to meet people's needs. Staff had the training they needed when they started working at the service that helped them deliver quality care and support to the people living at the service. We looked at the training matrix which included safeguarding, fire safety, food hygiene, medicine and moving & handling. We saw some staff did not always have the training updates regularly to ensure they could perform their work. There was no impact to people and their care, and people told us positive things about staff. However, there was a risk that if training was not updated regularly the staff may lose the skills or knowledge of how best to support people and ensure the care was safe. The registered manager told us some training like mental capacity, food hygiene, fire safety and moving and handling was booked for the upcoming months. Additional training was provided relating to the specific needs of the people living at the service. For example training in end of life care. The service was introducing a new treatment option of people having access to syringe drivers. A syringe driver is a small, portable, battery powered infusion device. The syringe driver helps reduce symptoms in end of life care by to administering a continuous infusion of drugs under the skin from a syringe. Appropriate training was being arranged for the staff. The induction programme and training now included the Skills for Care new care certificate. New staff were supported to complete an induction programme before working on their own. They told us: "[I've completed] induction programme and now shadowing the nurses".

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out and enabled them to discuss any training needs or concerns they had. Staff told us they felt supported by the registered manager, and other staff: "The matron is very approachable" and "I get support all the time and the matron encourages and helps me". Staff told us communication within the home was always effective and they discussed any matters daily. We reviewed records of these meetings. We saw the meetings were positive and staff had an opportunity to share their views or concerns. However, not all meetings were recorded. We noted this to the registered manager who agreed they did not have an opportunity yet to record the meetings.

People or their legal representatives were involved in care planning. People's consent was sought to confirm they agreed with the care and support provided. However, we noted to the registered manager people's consent was not always explicit. Some care plans were signed by the family member where their consent did not have any relevance to the agreement between the person using the service and the service. Although some people had an appointed lasting power of attorney for health and welfare, it was not valid as people still had capacity to make decisions. The registered manager agreed and assured us this would be addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People living in the service had capacity to make decisions regarding their life and daily activities. People were always able to make their own choices and decisions about their care. People's wishes and preferences had been followed in respect of their care and treatment. They told us they chose when to get up, what to do during the day and how they wished to be supported.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had reviewed people to identify if they were being deprived of their liberty. No one was deprived of their liberty and no DoLS applications were made to the supervisory body. We asked the registered manager if there was anyone we should not approach due to illness or behaviour that may challenge. There was no one. However, later we were asked not to approach one person until their relative came in. We noted to the registered manager they had to ensure people's rights to make decisions were recognised and respected. If people were controlled by their relatives, for example, deciding who visited them or what activities they took part in, the provider had a duty to protect people and challenge the relatives. The registered manager agreed with this and told us they were working on this with the relative.

People were supported to have a meal of their choice by organised and attentive staff. People told us they liked the food and were able to make choices about what they had to eat. People's dietary needs and preferences were documented and known by the chef and staff. Staff would ask people every day for their choice for lunch and dinner. People confirmed this and told us they always had a choice. We observed lunch time that was between 12.15pm and 1.30pm. The registered manager explained that people had their meals when they chose to. There were only a few people having lunch when we entered the dining room. No one needed help to have their meal. People ate their meals at their own pace. The staff serving food and drinks were very polite and friendly. We saw some people were coming to have their lunch at different times. Some people chose to have the meals in their rooms and they told us this was their choice.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. A GP visited the service and reviewed the people on a weekly basis. People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Professionals' feedback was very positive. They felt people who use the service were always at the centre of the staff's and registered manager's attention receiving great care and support.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People told us they were happy with the care they received: "I had a bad health experience and staff were wonderful, very patient", "Oh they are very caring" and "Staff are helpful, excellent, so gentle". People appeared happy and contented. People were well dressed, hair done, with clean clothes, wearing jewellery and appropriate footwear. People's bedrooms were personalised and decorated to their taste with lots of family pictures, paintings and items important to the person. Staff looked happy and showed great interest in their work when we spoke to them. There was a caring and homely atmosphere and we observed people were relaxed. We saw staff interacted with people in a positive way.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff knew, understood and responded to each person's diverse needs in a caring and compassionate way. Staff told us: "I do what they asked me to do", "I listen and treat people the way I would like to be treated myself" and "It's for our residents' comfort, I listen to them as they are the most important people". Throughout our inspection it was obvious staff and people living at the home worked well together in partnership as they went about their busy daytime activities. People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's care was not rushed enabling staff to spend quality time with them. The home was spacious and allowed people to spend time on their own if they wished. Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. Staff were knowledgeable about things people found difficult and how changes in daily routines could affect them.

People's records included information about their personal circumstances and how they wished to be supported. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan as necessary. People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People and their relatives were given support when making decisions about their preferences for end of life care. People felt consulted regarding their care planning and were involved to discuss any changes. Staff told us that people were encouraged to be as independent as possible.

Is the service responsive?

Our findings

People and their relatives were involved in developing their care, support and treatment plans. Care plans were detailed and described daily routines specific to each person. Each file contained information about the person's likes, dislikes and people important to them. Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health had changed it was evident staff worked with other professionals. People had care plans that clearly explained how they would like to receive their care, treatment and support. People were supported to maintain their independence and access the community. People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. An example of this was one person needed a pacemaker to help them with their health and a cardiologist was involved in this. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff also used a communication book to share any information or tasks with the staff team. Where people required support with their personal care they were able to make choices and be as independent as possible. One person told us: "Oh yes, you can do whatever you want and get support when needed". People were empowered to make choices and have as much control and independence as possible. We saw all people had a call bell in reach and these were answered quickly. People said: "Yes, I've got a call bell night and day, get help anytime" and "Just ring the bell and [staff] are there".

People's engagement in activities, maintaining their social skills and emotional wellbeing were recognised and promoted. We spoke with the registered manager about the activities people took part in. People could have group activities or individual time alone or with staff. People had a range of activities they could be involved in. The registered manager and staff spoke to people to find out their likes and dislikes that could be incorporated into an activity. We saw the service used a 'Map of Life' where all the information about a person's routines, rituals, activities, preference and likes were mapped out. It was easy to read and identify what the person was like.

People were able to choose what activities they took part in and suggest other activities they would like to complete. People were able to go outside and enjoy the garden near the river. People told us: "I've got the sheet and I can choose activities but I'm happy to sit here, read my books from the library", "They provide so many interesting things and we've got so much choice" and "Oh yes, staff will always take me to the lounge [for activities] or outside." On the day of our inspection we observed an afternoon group activity which was lively and well attended. People were able to maintain relationships with people that mattered to them and avoid social isolation. We observed a number of relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or dining room.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There

had been three complaints since our last inspection and these had been investigated thoroughly and people and their relatives were satisfied with their responses. People and relatives were encouraged to raise any issues or concerns so it would be sorted out straight away. The registered manager communicated with people regularly on an individual basis. Concerns and complaints were used as an opportunity for learning or improvement and were discussed in great deal. There was a suggestion box available to submit any ideas or suggestions. We saw the service received a lot of compliments regarding the care and support provided to people. The registered manager always thanked the staff and appreciated their work.

Is the service well-led?

Our findings

The home's aims and objectives were to provide people with quality care and support. People and what was important to them was at the centre of staff's attention in the home. There was a warm environment at the home where people were respected and involved. We saw people and staff had good and kind relationships and communication between each other. We observed friendly interactions and respectful support provided to people. People benefitted from living at a service that had an open and friendly culture. Staff told us they got on well together and that management worked with them as a team. All interactions observed between staff and people living at the service were positive, friendly and respectful.

The registered manager was committed to maintaining a good team working in the home. They encouraged good relationships and support to each other among the staff team because they believed this would have a positive impact on the people and support received. The registered manager was committed to maintaining a homely environment and ensured there was always time for people and their relatives to discuss things important to them. The registered manager spent some time working alongside the staff to observe how they interacted and supported people. Staff considered people's views and were motivated to provide high quality care.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. The service worked in partnership with different professionals to ensure people were looked after well and staff maintained their skills and knowledge. We contacted the commissioners and they had no issues or concerns with the service.

As the staff team was small, they did not always have regular staff meetings. However, staff said they could and would discuss anything at each handover daily. We observed one of these meetings during our inspection. Staff shared information about people, their wellbeing and health, support, daily work and any issues or tasks to be completed. We also observed the registered manager was always kept informed about any issues during the day. Staff said there was an opportunity to share ideas and keep up to date with good practice within the team. Speaking to the registered manager and staff we could see they were interested and motivated to make sure people were looked after well and able to live their lives the way they chose to. Respect, compassion, caring and positive attitudes towards people and work were attributes present in this home. We observed good practice taking place during our inspection that had a positive impact on people's lives.

Staff were positive about the management of the service and the support they received to do their jobs. They felt it was a good place to work and enjoyed their work. Staff said the registered manager was a good leader and available if support was needed. Staff said: "Matron is so good, [listens to us] very much so", "The matron always listens, I'm very happy here" and "I think [the service] is very impressive". Staff said there were opportunities to discuss issues or ask advice and support. They told us the registered manager was always available if they needed guidance. The registered manager always found an opportunity to praise and thank the staff to ensure they felt appreciated for what they did.

The registered manager carried out audits to monitor the quality of care and support. The registered manager analysed information recorded through audits to identify any trends and patterns that could inform learning to improve the service and prevent future incidents from occurring. Information was always shared with staff so they were aware of what was going on. On a monthly basis, they reviewed staff records for training or supervision, reported incidents and accidents, health and safety, people's care and support records and medicines management. When an issue or task to complete was identified, we did not always see a record of what action was taken or if the issue was resolved. We noted this to the registered manager and they agreed. They told us some items were already completed but some tasks still needed action to be taken, for example, to carry out annual medicine competency checks for all the registered nurses. There was no impact on people's care and support at this time. However, without full information from the audits there may be a risk the service may not be able to evaluate and improve their practices where necessary to ensure people received appropriate care at all times.

The registered manager said they reviewed the medicines folder at the staff handovers as much as possible to ensure there were no errors. The service had provider visits where a regional manager reviewed the quality of the service to identify any improvements needed. The provider also introduced the regional manager's 'validation audits'. This was where the regional manager would pick a part of the provider's visit report to review and ensure all the actions were carried out in good time. The registered manager said they were attending four weekly managers meetings to share ideas and discuss the services. They felt these meetings were useful and helpful to ensure each service operated effectively and made improvements where necessary.

People and staff were empowered to contribute to improve the service. People's experience of care was monitored through observations and regular checks. The service valued people and staff feedback and acted on their suggestions. People and those important to them had opportunities to feedback their views about the service and quality of the service they received. Their feedback was taken into account and acted upon to address any requests or issues.

The service promoted a positive culture. People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues when working at the service and said they felt they were provided with training that helped them provide care and support to a high standard. They felt encouraged to make suggestions for improvement and felt their suggestions were taken seriously. People were happy living in the service: "It's amazing here and it comes from the matron, [staff] are very efficient" and "I did the right thing moving in here, very good service". People and staff had confidence the registered manager would listen to their concerns and they would be received openly and dealt with appropriately.